140200006387

| (Requestor's Name) |
|--|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer, for Reffact Afgme Was Corrected for Reffact The Alow Mome. |
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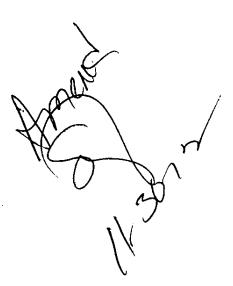
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COVER LETTER

| TO: Amendment Section Division of Corporations A BUNDANT LIFE DELIVERANCE |
|---|
| NAME OF CORPORATION: NO 70000638 MINISTRIES IN JESU CHRIST INC. |
| DOCUMENT NUMBER: NO2-0000 6387 |
| The enclosed Articles of Amendment and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| BISHOP SAMUEL MCBURNETT (Name of Contact Person) |
| ABUNDANT UFE DELIVERANCE MINISTRIES IN JESUS CHRIST INC. (Firm/Company) |
| Po Box 79 (Address) |
| ST. AUGUSTINE FL 32085 (City/State and Zip Code) |
| Mcburne 7 B 20C · COM E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| (Name of Contact Person) at (Area Code & Daytime Telephone Number) |
| Enclosed is a check for the following amount made payable to the Florida Department of State: |
| \$35 Filing Fee \$\bigcup \\$43.75 Filing Fee & \bigcup \\$43.75 Filing Fee & Certificate of Status \$\bigcup \\$Certified Copy |



Mailing Address
Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

| New Beginnings Christian assembly two. | |
|--|-----|
| (Name of Corporation as currently filed with the Florida Dept. of State) | |
| NO200000658 | |
| (Document Number of Corporation (if known) | |
| Pursuant to the provisions of section 617,1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation: | |
| A. If amending name, enter the new name of the corporation: | *** |
| name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corporation" or "Company" or "Co." may not be used in the name. | - |
| B. Enter new principal office address, if applicable: | T |
| (Principal office address MUST BE A STREET ADDRESS) | _ |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) ST AUGUSTINE FU 32085 | |
| D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: | |
| Name of New Registered Agent: | |
| (Florida street address) New Registered Office Address: | |
| (City) , Florida (Zip Code) | |
| (City) (Zip Code) | |
| New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. | |
| Signature of New Registered Agent, if changing | |
| organistic of their regulered rigerit, if endinging | |

Page 1 of 4

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change. Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

| Example: X Change X Remove X Add | PT John J V Mike SV Sally | <u>Jones</u> | |
|----------------------------------|---------------------------------|------------------|---|
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | Address |
| 1) Change Add | VICE | PROCTUR, DEDRA | 40 SMITH ST ST AUGUSTINE FL |
| Remove 2) Change Add | <u>D</u> | PROCTOR BARBARA | 32085 - 7125 CR 208 ST AUGUSTINE FL |
| Remove 3 Change Add | _D_ | LYONS, LATONYH | 32092 - 7125 CRZOS STAUGUSTINE FC |
| Remove 4) Change Add | D | ANNIE SMITH | 32097 7040 200 ST STAUGUSTINE |
| Remove 5) Change Add | — | MARGNET ANDERSON | 32092) 797 PO BOX ST AUGUSTINE FL |
| Remove 6) Change Add | D | DR CHERYL HOG | 32085 AN 797 PO BOY ST AUGUSTINE +L |
| Remove | | Page 2 of 4 | <u> </u> |

| attach additional sheets, if necessary). | (Be specific) | |
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Page 3 of 4

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|---|---|
| The date of each amendment(s |) adoption: |
| Effective date if applicable: | |
| | (no more than 90 days after amendment file date) |
| Adoption of Amendment(s) | (CHECK ONE) |
| The amendment(s) was/wer was/were sufficient for appr | e adopted by the members and the number of votes cast for the amendment(s) roval. |
| Dated Signature (By the chave not | embers entitled to vote on the amendment(s). The amendment(s) was/were ectors. 27 17 |
| <u>Samue</u> overse | (Typed or printed name of person signing) ER BRHOP PRESIDENT & REG. AGENT (Title of person signing) |