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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: Campus Crus	ade for Christ Eas	stern Europe, Inc.	
DOCUMENT NUMBER: N03000006708			
The enclosed Articles of Amendment and fee are sub-	mitted for filing.		
Please return all correspondence concerning this matter	er to the following:		
Valerie Londono, S	taff Attorney		
	(Name of Contact Perso	on)	
Campus Crusade for C	hrist, Inc.		
c/o General Counsel's	Office		
100 Lake Hart Drive	(Firm/ Company) e - MC 3500		
	(Address)	<del>.</del> .	
Orlando, FL 32832	•		
	(City/ State and Zip Coo	de)	
ccclegal@cru.org			
E-mail address: (to be used	for future annual report	notification)	
For further information concerning this matter, please	call:		
Karen B. Morgan	at	407-376-3141	
(Name of Contact Person		rea Code) (Daytime Telephone Number)	
Enclosed is a check for the following amount made pa	yable to the Florida Dep	partment of State:	
☐ \$35 Filing Fee	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52,50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)	
Mailing Address		t Address	
Amendment Section		Amendment Section	
Division of Corporations P.O. Box 6327		on of Corporations n Building	
FISH SOME VIEW	Cilito	17 mr 3714 mr 1116 mr	

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

	<u>itly filed with the Flori</u>	da Dept. of State)	
<del></del>			
NC	)3000006708 per of Corporation (if kn	own)	
(izotalien rune	er or corporation (in this	,	
suant to the provisions of section 617.1006, Florida Statute endment(s) to its Articles of Incorporation:	es, this <i>Floridu Not For</i>	• Profit Corporation adopts th	e following
If amending name, enter the new name of the corporat	ion:		
Cru Central & Eastern Europe, Inc.			The new
ne must be distinguishable and contain the word "corpora ompany" or "Co." may not be used in the name,		" or the abbreviation "Corp."	or "Inc."
Enter new principal office address, if applicable: incipal office address <u>MUST BE A STREET ADDRESS</u>	_N/A		
mapar aggree address in a construction of the	, 		
		25.5	2019
	<del></del>	<del> </del>	AUG
Enter new mailing address, if applicable:	NI/A		উ
(Mailing address MAY BE A POST OFFICE BOX)	N/A	- <u> </u>	<del></del>
			_ <del>_</del> _
		mi : ,	مَبَ
			ATI.
If amending the registered agent and/or registered office		enter the name of the	• •
new registered agent and/or the new registered office a	iddress:		
Name of New Registered Agent:	VA		
	N/A		
		rida street address)	<del></del>
New Registered Office Address:			
		. Florida	
	(City)	(Zip Code)	
n Dalistand American Change of the change in the control of the change o	<b></b>		
w Registered Agent's Signature, if changing Registered		the obligations of the position	
reby accept the appointment as revistered agent. Lam fai	//		
ereby accept the appointment as registered agent. I am fa	miliar with and accept t	, ,, , ,	

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	<u>PT</u> <u>V</u> <u>SV</u>	John Do Mike Jo Sally Sr	ones		
Type of Action (Check One)	Title		Name		Address
i) Change		_			
Add					
Remove					
2) Change		_			
Add					
Remove					
3 ) Change		_		,	
Add					
Remove					
4) Change		_		-	
Add					
Remove					
5) Change				_	
Add					
Remove					
6) Change					
Add		_		-	
Remove					

E. If amending or adding additional Arti (attach additional sheets, if necessary).	(Be specific)
N/A	
·	

The date of each amendment( date this document was signed.	s) adoption:	, if other than the
Effective date <u>if applicable</u> :	upon filing	
	(no more than 90 days after amendment file date)	
	s block does not meet the applicable statutory filing requirements, to Department of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/we was/were sufficient for app	re adopted by the members and the number of votes cast for the anoroval.	nendment(s)
There are no members or adopted by the board of d	nembers entitled to vote on the amendment(s). The amendment(s) rectors.	was/were
Dated	DocuSigned by:	
Signature	Marek Wyrzykowski	
(By the have no	chairman or vice chairman of the board, president or other officer-iot been selected, by an incorporator – if in the hands of a receiver, tourt appointed fiduciary by that fiduciary)	
	arek Wyrzykowski	
	(Typed or printed name of person signing)	
Pre	sident, Campus Crusade for Christ Eastern Europe, Inc. (Title of person signing)	