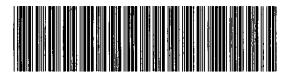
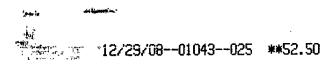
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COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPORATION: Sharpes Co	ommunity Outreach Ministries Inc.
DOCUMENT NUMBER: N03000008442	
The enclosed Articles of Amendment and fee	e are submitted for filing.
Please return all correspondence concerning to	this matter to the following:
Mose Smith, Jr	
(Nam	e of Contact Person)
Sharpes Community Outrea	Firm/ Company)
P O Box 201	
	(Address)
Sharpes, Fl 32959	/ State and Zip Code)
For further information concerning this matter	er, please call:
Mose Smith, Jr	at (321) 268-2547
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
✓ \$35 Filing Fee	smade payable to the Florida Department of State: \$43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed) \$\$(Additional Copy is enclosed)\$
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 of

Name of Corporation as cu		ach Ministries, inc the Florida Dept. of St	
(1.11.11.11.11.11.11.11.11.11.11.11.11.1	N03000008		
(Document N	Number of Corpora	tion (if known)	
Pursuant to the provisions of section 617.10 the following amendment(s) to its Articles o		s, this <i>Florida Not For I</i>	Profit Corporation adopts
A. If amending name, enter the new name	e of the corporation	on:	
The new name must be distinguishable and abbreviation "Corp." or "Inc." "Company			corporated" or the
B. Enter new principal office address, if a			
(Principal office address <u>MUST BE A STR</u>	<u>EET ADDRESS</u>)		TAS O
			CH CH CH
			五百
			29 AR SS
C. Enter new mailing address, if applica (Mailing address MAY BE A POST OF	<u>ble:</u> EFICE ROY)		# = M
(Maning address MAT DE AT OST OF	TICL BUA		77 70 0
			当品・
D. If amending the registered agent and/o	or registered offic	e address in Florida, en	ter the name of the
new registered agent and/or the new r	egistered office ad	<u>ldress:</u>	
Name of New Posistand Asset:			
Name of New Registered Agent:			_
New Registered Office Address:	(Flor	rida street address)	
			, Florida
		(City)	(Zip Code)
			•
New Registered Agent's Signature, if chan I hereby accept the appointment as registe			ept the obligations of the
position.	rea agent. I am	jamiliar with and acce	pi ine obligations of the
-	Signature of Nev	v Registered Agent, if ch	anging

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add Remove
			CD D
			□ D
	ding or adding additional Aidditional Aidditional sheets, if necessary).		
		Profit Status	
No part o		corporation shall inure to the bene	efit of any individual or
		corporation, the Board of Truste	-
		nt of all of the liabilities of the corp	
		sively for charitable, educational,	
	-	fy as an exempt organization und	
		ne corresponding provision of an	
	Law) as the Board of Tru		
 			
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····	· · · · · · · · · · · · · · · · · · ·		

The date of each amendment(s) adoption: 11/24/08				
Effective date if applicable:	11/24/08			
	(no more than 90 days after amendment file date)			
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 amendment(s) roval.			
There are no members or adopted by the board of di	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.			
Dated_12/	13/08			
Signature	Mose South of			
(By	the chairman or vice chairman of the board, president or other officer-if directors e not been selected, by an incorporator if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary)			
	Mose Smith, Jr			
	(Typed or printed name of person signing)			
	President			
	(Title of person signing)			