(Requestor's Name)  (Address)	200148
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	04/02/0901
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	)
Special Instructions to Filing Officer:	1 Doce
Office Use Only	



222722

016--014 \*\*43.75

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

name of corporation: <u>Rise A</u>	BOVE IT FAMILY C	wect
DOCUMENT NUMBER:NO3 0001	009392	
The enclosed Articles of Amendment and fee	are submitted for filing.	
Please return all correspondence concerning to	his matter to the following:	
Warren F	B. Tackson e of Contact Person)	
Puse About I	7 FAMILY CHUYCH Firm/Company)	The state of the s
1531 Center A	(Address)	<del></del>
Holly Hill FL (City/	State and Zip Code)	
For further information concerning this matter	r, please call:	
Name of Contact Person)	at ( <u>386</u> ) <u>Z33</u> (Area Code & Daytim	
Enclosed is a check for the following amount	made payable to the Florida De	partment of State:
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	\$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 Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	4

## **Articles of Amendment**

FI	LED
APR	3
SECRETARY ALLAHASSE	OF 11: 19

Artic	ies of incorpo	ration	SE AMI
_	of		SECRETARY CONTRACTOR
PISE ABOVE IT F	AMILL CH	ret THE	ANASSEE, FISTA
(Name of Corporation as curre	ntly filed with t	the Florida Dept.	TALLAHASSEE, FLOR
ND300000	392		
(Document Num		ion (if known)	
rsuant to the provisions of section 617.1006, le following amendment(s) to its Articles of Ind		, this <i>Florida Not</i> .	For Profit Corporation ad
If amending name, enter the new name of	the corporatio	<u>n:</u>	
E new name must be distinguishable and co	oct Chur	-ch, Incorpi	rakd "incorporated" or the
breviation "Corp." or "Inc." "Company" or			
Enter new principal office address, if appl	icable:	1531 CCA	where Ave
rincipal office address <u>MUST BE A STREE</u>		Uall, HY	1. FL 32117
		HULLY HI	1, 14 3211
			<del></del>
Enter new mailing address, if applicable:		5 - 0 - =	S == . A .
(Mailing address MAY BE A POST OFFIC	CE BOX	P.O. Box 2	250191
		Daytona F	Beach FL 32125
		C.	·
If amending the registered agent and/or renew registered agent and/or the new regis			la, enter the name of the
	tereu omee au	<u> </u>	
Name of New Registered Agent:			
V 5 1 10m 111	/#13		
New Registered Office Address:	(Flori	ida street address)	
	<u> </u>		, Florida
		(City)	(Zip Code)
w Registered Agent's Signature, if changin			
ereby accept the appointment as registered		A 111 1.1 1	7 47 734 .4

Signature of New Registered Agent, if changing

## 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
			[] n
	·		
			Remove
E. If amer	nding or adding additional Ar additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)	

The date of each amendment(s) adoption: 3-3/59		
Effective date <u>if applicable</u> :	3-31-09 (no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/wer was/were sufficient for approximation	re adopted by the members and the number of votes cast for the amendment(s) roval.	
There are no members or nadopted by the board of dir	nembers entitled to vote on the amendment(s). The amendment(s) was/were rectors.	
hav	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 court appointed fiduciary by that fiduciary)	
	(Typed or printed name of person signing)  Puzzal (Title of person signing)	

Page 3 of 3