N03000010531

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
	ity/State/Zip/Phone	<u>#</u>
(0)	tyrotate/2/p/r hone	")
PICK-UP	MAIT	MAIL
(Bt	usiness Entity Nam	ne)
(De	ocument Number)	
Contilled Conice	Cartificates	-f Chabus
Certified Copies	_ Certificates	or Status
	E. 010.	
Special Instructions to	Filing Officer:	
•		
]		

Office Use Only



400274843164

07/13/15--01040--002 **52.50

SECRETARY OF STATE DIVISION OF CORPCRATIONS

JUL 1 5 2015 C LEWIS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	NEW WAY FELLOV	WSHIP CHRISTIAN	CENTER, IN	C.
DOCUMENT NUMBER:	N03000010531			
DOCUMENT NUMBER:				
The enclosed Articles of Am	endment and fee are subm	nitted for filing.		
Please return all corresponde	ence concerning this matter	r to the following:		
CAROL A. MCCOY				
	((Name of Contact Pe	rson)	
N/A				
		(Firm/ Company)	· · · · · · · · · · · · · · · · · · ·
6410 BLVD OF CHAMPIC	ons			
		(Address)		
NORTH LAUDERDALE, I	FL 33068			
	((City/ State and Zip (Code)	
farleycarol@comcast.net				
Е	-mail address: (to be used	for future annual rep	ort notification)
For further information conc	erning this matter, please of	call:		
CAROL A. MCCOY		at	954	993-3574
	(Name of Contact Person)		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the f	ollowing amount made pay	vable to the Florida D	Department of S	State:
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee of Certified Copy (Additional copy is enclosed)	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)

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

FILED SECRETARY OF STATE DIVISION OF CORPURATIONS

15 JUL 13 PH 1:05

(Name of Corporation as curr	rently filed with the Florida Dept. of State)
NEW WAY FELLOWSHIP CHRISTIAN CENTER, INC	: NO300001053 1
(Document Nu	mber of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Stat amendment(s) to its Articles of Incorporation:	tutes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpor	ration:
N/A	The new
name must be distinguishable and contain the word "corpo "Company" or "Co." may not be used in the name.	oration" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	N/A
(Principal office address <u>MUST BE A STREET ADDRES</u>	<u>55</u>)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	6410 BLVD OF CHAMPIONS
	NORTH LAUDERDALE, FL 33068
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office Name of New Registered Agent: N/A	
	(Florida street address)
New Registered Office Address:	
N/A	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am	
N/A	\
	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)

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 <math>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>V</u> <u>N</u>	ohn Doe 1ike Jones ally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addręs</u> s
1) Change	<u>s</u>	GRAY, DORIS SISTER	3900 NW 37TH TERRACE
Add X Remove			LAUDERDALE LAKES, FL 3330!
2) Change	v	BLACKMAN, CARL PASTOR	890 NW 23RD TERRACE
Add X Remove			POMPANO BEACH, FL 33069
3) Change	D	FINLEY, MICHAEL DEACON	644 SW 4TH AVENUE #B
Add X Remove			FORT LAUDERDALE, FL 33315
4) Change	С	CLARK, LOLA ELIZABETH SISTE	3160 HOUSTON STRETT
X Add Remove			FORT LAUDERDALE, FL 33312
5) Change	D	DENIS, DUCAMEL JEAN DEACOI	2301 NE 2ND AVENUE
X Add Remove			POMPANO BEACH, FL 33060
6) Change	S	MCCOY, CYNTHIA SISTER	308 SE 9TH AVENUE #3
X Add			POMPANO BEACH, FL 33060
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)				
CHANGE, T, MOUZON, NATHANIEL DEACON, 404 NW 45TH AVENUE #6 POMPANO BEACH, FL 33060				

		dment(s) adoption: MA	FILET:	, if other than the	
date	this document was		SECRETARY OF DIVISION OF CORP.	STATE	
Effe	ective date <u>if appli</u> e	07/10/2015	DIVIGRAUM CARP	TRAHONS	
		(no more than 90 days after amendment file date)	15 JUL 13 PH	1:10	
		ed in this block does not meet the applicable statutory filing requirement on the Department of State's records.	ts, this date will not be	listed as the	
Ado	option of Amendm	ent(s) (<u>CHECK ONE</u>)			
	The amendment(s) was/were sufficient	was/were adopted by the members and the number of votes cast for the transfer to the transfer to the transfer approval.	amendment(s)		
	There are no mem adopted by the bo	bers or members entitled to vote on the amendment(s). The amendment ard of directors.	(s) was/were		
	Dated	07/10/2015			
	Signature			_	
		(By the chairman or vice chairman of the board, president or other offic have not been selected, by an incorporator — if in the hands of a receive other court appointed fiduciary by that fiduciary)			
		CORNELL R. MCCOY SR.			
	(Typed or printed name of person signing)				
		PASTOR L-ML.			
		(Title of person signing)			