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TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Turning P	oint Ministry, Inc.
DOCUMENT NUMBER: N0400003	
The enclosed Articles of Amendment and fee are subn	
Please return all correspondence concerning this matte	r to the following:
Kent W. Zimmermann	
	(Name of Contact Person)
	(Firm/ Company)
P.O. Box 2440	
	(Address)
Chiefland, FL 32644	
	(City/ State and Zip Code)
DASTORK E-mail addless: (to be used	Tor future annual report notification)
For further information concerning this matter, please	call:
Kent W. Zimmermann	352 <u>463-1982</u>
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 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 Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the Florida Dept. of State)		
N0400003852		
(Document Number of Corporation (if known)		
ursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit</i> (mendment(s) to its Articles of Incorporation:	Corporation adopts the follow	ving
. If amending name, enter the new name of the corporation:		
name must be distinguishable and comain the word "corporation" or "incorporated" or the	The rabbreviation "Corp." or "In-	
Company" or "Co," may not be used in the name.		
. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)		
The tipal byfice data ess MOST BE A STREET ADDRESS		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
. If amending the registered agent and/or registered office address in Florida, enter th new registered agent and/or the new registered office address:	e name of the	
Name of New Registered Agent:		
Name of New Registered Agent:		_
(Florida street address)		5
		141 7
(Florida street address) New Registered Office Address: Florida street address)	orida	C+ MAI . 2
(Florida street address) New Registered Office Address: (City)	orida(Zip Code)	4 C+ NAI 4
(Florida street address) New Registered Office Address: Florida street address	orida(Zip Code) \\ \tau_{\text{zations of the position.}}	LIAN +2 PHII: L

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:

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

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>V</u> <u>Mik</u>	<u>n Doe</u> <u>e Jones</u> <u>y Smith</u>	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) X Change —— Add —— Remove	Ductee President	Kent W. Zimmermann	P.O. Box 2440 Chiefland, FL 32644
2) X Change Add	Invellenge	Elvina Reynolds	P.O. Box 2440 Chiefland, FL 32644
Remove 3) Change X Add	Trustee	Elizabeth Ann Cummings	P.O. Box 2440 Chiefland, FL 32644
Remove 4) Change X	Trustee	Joseph L. Moscato	P.O. Box 2440 Chiefland, FL 32644
5) Change Add Remove			
6) Change Add Remove			

attach additional sheets, if necessary).	(Be specific)	
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94P + 0.4% **		
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	e date of each amendment(s) adoption:e this document was signed.	, if other than the
Effective date <u>if applicable</u> : (no more than 90 days after amendment file date)		
Ad	option of Amendment(s) (<u>CHECK ONE</u>)	
	The amendment(s) was/were adopted by the members and the number of votes east for the amendment(s) was/were sufficient for approval.	
	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
	Dated 12-20-2013	
	Signature Pauto	
	(By the chairman) or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
	Kent W. Zimmermann	
	(Typed or printed name of person signing)	
	Registered AGent	
	(Title of person signing)	