## N04060005748

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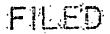
**TO:** Amendment Section Division of Corporations

NAME OF CORPORATIO	ALPHA CHRISTIA	N COUNSELING	SERVICES OF	CENTRAL FLORIDA CORP.
POCUMENT NUMBER: _	N04000005748			
The enclosed <i>Articles of Amo</i>	endment and fee are subm	nitted for filing.		-
Please return all corresponde	nce concerning this matte	r to the following:		
RUBEN D. TORO				
		(Name of Contact F	Person)	
RUBEN TORO P.A.				
		(Firm/ Compan	iy)	
7901 KINGSPOINTE PKW	Y STE. 31			
		(Address)		
ORLANDO FL 32819				
-		(City/ State and Zip	Code)	
rubentorocpa@hotmail.com				
E-	mail address: (to be used	for future annual re	port notification	1)
For further information conce	rning this matter, please	call:		
Ruben D. Toro		a	407	370-6445
(	Name of Contact Person)			(Daytime Telephone Number)
Enclosed is a check for the fo	llowing amount made pa	yable to the Florida	Department of	State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee Certified Copy (Additional copy enclosed)	Certif is Certif	0 Filing Fee icate of Status icd Copy tional Copy is osed)
Mailing Ad Amendmen			reet Address mendment Secti	ion

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



ALPHA CHRISTIAN COUNSELING SERVICES OF CENTRAL FLORIDA CORP. (Name of Corporation as currently filed with the Florida Dept. of N04000005748 (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS ) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: IZILDA POLANCO Name of New Registered Agent: 4888 ADAIR OAK DR. (Florida street address) New Registered Office Address: **ORLANDO** (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with any accept the obligations of the position. 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 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>Mil</u>	n Doe se Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	PD	DANILO A. POLANCO	4888 ADAIR OAK DR.
Add			ORLANDO FL 32829
X Remove			
2) X Change	PD	IZILDA POLANCO	4888 ADAIR OAK DR.
Add			ORLANDO FL 32829
Remove			
3 ) Change	SD	DEBBIE LOPEZ-RAMOS	134 DELAWARE WOOD CT.
X Add			ORLANDO FL 32824
Remove			
4) X Change	VD	LAURA ROJAS	5327 LAS PALMAS VISTA DR.
Add			ORLANDO FL 32837
Remove			
5) Change		<del> </del>	
Add			
Remove			
6) Change			
Add			
Remove			

L. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)						
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		ndment(s) adoption:	_, if other than the
date	this document was	signed.	
v oc.	ective date if appli	07/15/2017	
Em	ective date <u>ii appii</u>	(no more than 90 days after amendment file date)	
		ted in this block does not meet the applicable statutory filing requirements, this date will not ate on the Department of State's records.	be listed as the
Ado	ption 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 amendment(s) at for approval.	
	There are no mem adopted by the bo	bers or members entitled to vote on the amendment(s). The amendment(s) was/were ard of directors.	
	Dated	07/15/2017	
	Signature	(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)	
		Danilo A. polanco	
		(Typed or printed name of person signing)	
		President  DANI'LO POLANICO  (Title of person signing)	