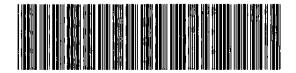
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: Church On Th	e Edge, Inc.	
DOCUMENT NUN	ивек: <u>N04000010813</u>		
The enclosed Article	es of Amendment and fee are sub	omitted for filing.	
Please return all corn	respondence concerning this matt	ter to the following:	
		eryl Pinette	
	(Name of	Contact Person)	
·	(Firm	/ Company)	
	14100 Isl	amorada Drive	
	(/	Address)	
		o, FL 32837 te and Zip Code)	
	Betteri E-mail address: (to be use	Life@iag.net d for future annual report notific	ation)
For further informati	ion concerning this matter, please	e call:	
Cheryl Pinette		at (407) 802-420 (Area Code & Daytii)5
(Name	e of Contact Person)	(Area Code & Daytii	me Telephone Number)
Enclosed is a check	for the following amount made p	ayable to the Florida Departmen	t 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)
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Street Address Amendment Section Division of Corporation Clifton Building 2661 Executive Cente	

Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation of		2 册	
Church On The Edge, Inc.	ر از مان معارف	?	,
(Name of Corporation as currently filed with the Florida Dept. of State)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	; =	•
N04000010813	•		

(Document Number of Corporat	ion (if known)	
Pursuant to the provisions of section 617.1006, Florida Statutes the following amendment(s) to its Articles of Incorporation:	,	
A. If amending name, enter the new name of the corporatio	<u>n:</u>	
Better Life Community Ch	urch, Inc.	
The new name must be distinguishable and contain the word abbreviation "Corp." or "Inc." "Company" or "Co." may not		
B. Enter new principal office address, if applicable:	14100 Islamorada Drive	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Orlando, FL 32837	
		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	14100 Islamorada Drive	
	Orlando, FL 32837	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ade Name of New Registered Agent:		
New Registered Office Address: (Flor	ida street address)	
	, Florida	
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am 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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			TT D
			— ¬¬
			☐ Add ☐ Remove
E. If amend (attach aa	ling or adding additional Articles, ento Iditional sheets, if necessary). (Be spe	er change(s) here: cific)	

The date of each amendmen	t(s) adoption: July 27, 2009
. Effective date <u>if applicable</u> :	October 4, 2009 (date of adoption is required)
	(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	ere adopted by the members and the number of votes cast for the amendment(s) proval.
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.
Signature _ (B) ha	y the chairman or vice chairman of the board, president or other officer-if directors we not been selected, by an incorporator – if in the hands of a receiver, trustee, other court appointed fiduciary by that fiduciary)
	Cheryl Pinette
	(Typed or printed name of person signing)
	Registered Agent Sec. Dir. (Title of person signing)
	(True or person signing)