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To:

Division of Corporations

Fax Number : (850) 205-038D

From

Account Name : A 1 A CORPORATE SERVICES, INC.

Account Number: 120010000247 Phone: (800)494-3124 Fax Number: (305)675-2811

COR AMND/RESTATE/CORRECT OR O/D RESIGN

PROMISED LAND OUTREACH MINISTRIES, INC.

RECEIVED HAY 18 AH 8: 00 IOH OF CORFORATION

Certificate of Status	0
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Page Count	02
Estimated Charge	\$35.00

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Corporate Filing Menu

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5/18/2006 1:05 PM

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Articles of Amendment to Articles of Incorporation

of				
PROMISED LAND OUTREACH MINISTRIES, INC.				
(Name of corporation as currently filed with the Florida Dept. of State)				
N050g0000782				
(Document number of corporation (if known)				
Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit	i <i>t</i>			
Corporation adopts the following amendment(s) to its Articles of Incorporation:	_			
NEW CORPORATE NAME (if changing):				
A PARTY OF THE PROPERTY.				
(must contain the word "corporation," "incorporated," or the abbreviation "corp." or "inc." or words of like in language; "Company" or "Co." may not be used in the name of a not for profit corporation)	aport in			
AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)				
ROBBIE SMITH HEREBY RESIGNS AS DIRECTOR OF THE CORPORATION.		i		
DEBBIE EASON HAVING AND ADDRESS AT 7290 NASSAU RIVER RD.	IAI S	8		
FERNANDINA BEACH, FL 32034 IS HEREBY ELECTED AS A DIRECTOR.	CRE	HA		
	ASS ASS	8 -	7	
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N.				
(Attack additional ages (Frances)				

(continued)

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The date of adoption of the am	endment(s) was: 05/15/	2006
Effective date if <u>applicable</u> :	(no more than 90 days after	
Adoption of Amendment(s)	(CHECK ONE)	
	as (were) adopted by the nas sufficient for approval.	nembers and the number of votes ca
	es or members entitled to v were) adopted by the board	rote on the amendment. The l of directors.
Signed this 05	day of	2006
have not been se	LA LA VO,	president or other officer- if directors a the hands of a receiver, trustee, or
	KIMBERLY REAVE	S
T	yped or printed name of person	signing)
	PRESIDENT	
**************************************	(Title of person aigning)	