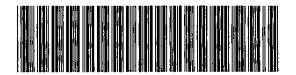
N05000004513

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700268549127

01/27/15--01030--012 **43.75





COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: UNION CH	IRISTIAN &COMM	IUNITY SERVICES, INC
DOCUMENT NUMBER: NO50000)4513	
The enclosed Articles of Amendment and fee are s	submitted for filing.	77 - 171 77 - 171 77 - 171
Please return all correspondence concerning this m	natter to the following:	
GEDEON, FLEURISSA	TNA	
	(Name of Contact Perso	n)
UNION CHRISTIAN &C	COMMUNITY	SERVICES, INC
	(Firm/ Company)	·
528 HOLLY DRIVE		
	(Address)	
PALM BEACH GARDE	NS, FL 334	10
	(City/ State and Zip Cod	e)
fleurissantg@ya		
E-mail address: (to be u	used for future annual report ase call:	notification)
Gedeon, fleurissant	_{at} 561	, 255-0917
(Name of Contact Person)		ode & Daytime Telephone Number)
Enclosed is a check for the following amount made	e payable to the Florida Dep	artment of State:
□ \$35 Filing Fee □\$43.75 Filing Fee Certificate of State	& •\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address	Street	Address

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

UNION CHRISTIAN & COMMUNITY SERVICES, INC

(Name of Corporation as currently filed with the Florida Dept. of State)

N05000004513

(Document Number of Corporation (if known)

Pursuant to the provisions of section 617.10 amendment(s) to its Articles of Incorporation		s, this Florida Not For Profit Corporation a	dopts the following
A. <u>If amending name, enter the new pape</u> GEDEON MINISTRIES, II	NC		The nev
name must be distinguishable and contain "Company" or "Co." may not be used in 1		ion" or "incorporated" or the abbreviation	"Corp." or "Inc.'
B. <u>Enter new principal office address, if</u> (Principal office address <u>MUST BE A ST</u>	applicable: REET ADDRESS)	NOT APPLICABLE	
C. Enter new mailing address, if applic (Mailing address MAY BE A POST O		NOT APPLICABLE	
		ce address in Florida, enter the name of th	<u>e</u>
new registered agent and/or the new Name of New Registered Agent:	NOT APPL		
New Registered Office Address:		(Florida street address)	
	NOT APPL	, Fiorida	(Zip Code)
New Registered Agent's Signature, if ch I hereby accept the appointment as registe	anging Registered		•
	Signature of New	Registered Agent, if changing	

Page 1 of 4

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	PT John De V Mike Jo SV Sally Si	ones	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change		N/A	
Add X Remove			
2) Change	D	Anglade, David	25 East Blue Heron Blvd
Add			Riviera Beach
Remove			FI 33404
3) Change		N/A	
Add			
Remove			
4) Change		N/A	
Add			
Remove			
5) Change		N/A	
Add			
Remove			
6) Change		N/A	
Add			
Remove			

attach additional she	ets, if necessary).	icles, enter char (Be specific)				
						
	····					
		<u> </u>				
						<u>-</u>
			- -			
				_		
						
	-	<u> </u>	<u> </u>			- <u></u> -
				<u> </u>		
	•					
						· · ·
						-
						
					_	
				·		
						
	- <u>-</u>	···				
						

The	date of each amendment(s) adoption: January 05,2015	, if other than the			
	late this document was signed. If the common that it is applied by the common that the common				
	(no more than 90 days after amendment file date)	- -			
Ado	option of Amendment(s) (CHECK ONE)				
	The amendment(s) was/were adopted by the members and the number of votes cast 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 01/05/2015				
	Signature FLEHRISSANT GEDIEM	<u></u>			
	(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)				
	Fleurissant Gedeon				
	(Typed or printed name of person signing)				
	President				
	(Title of person signing)				