Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000035957 3)))



H110000359573ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)694-1639

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

RECEIVED FEB 10 AM 9: 53

COR AMND/RESTATE/CORRECT OR O/D RESIGN FIDELAS LEADERSHIP INSTITUTE, INC.

| Certificate of Status | D |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$35.00 |

Namechs (1a,2/1911

Electronic Filing Menu

Corporate Filing Menu

Help

Articles of Amendment to Articles of Incorporation of

FIDELAS LEADERSHIP INSTITUTE, Inc.

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

N05000011201

(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:

| | IVING MINISTRIES, INC. | |
|--|--|-------------------------|
| e new name must be distinguishable and co breviation "Corp." or "Inc." <u>"Company" o</u> | | |
| Enter new principal office address, if app | | |
| incipal office address <u>MUST BE A STREE</u> | TADDRESS) | |
| | | |
| • | | |
| Enter new mailing address, if applicable | | |
| (Mailing address <u>MAY BE A POST OFFI</u> | <u></u> | |
| | | |
| | | |
| | | |
| If amonding the resistance exect and (or - | | |
| If amending the registered agent and/or r new registered agent and/or the new regis | | enter the name of th |
| new registered agent and/or the new regis | | enter the name of th |
| If amending the registered agent and/or r new registered agent and/or the new registered agent: | | enter the name of th |
| Name of New Registered Agent: | stered office address; | enter the name of th |
| new registered agent and/or the new regis | | |
| new registered agent and/or the new registered Agent: | stered office address; (Florida street address) | , Plorida |
| new registered agent and/or the new registered Agent: Name of New Registered Agent: New Registered Office Address: | (Florida street address) | |
| new registered agent and/or the new registered Agent: | (Florida street address) (City) | , Plorida (Zip Code) |

Page 1 of 3

| 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) | | | | | | | | |
|---|-----------------------------------|----------------------------|--|--|-------|------|----------------|----------------|
| | | | | | Title | Name | <u>Address</u> | Type of Action |
| | | | | | | • | | |
| | | | Remove | | | | | |
| • | | | | | | | | |
| | | | | | | | | |
| | | | —————————————————————————————————————— | | | | | |
| | | | | | | | | |
| | | | ☐ Add | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| E. If amen | ding or adding additional Artic | les, enter change(s) here: | | | | | | |
| (attach a | additional sheets, if necessary). | (Be specific) | | | | | | |
| • | | • | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | <u> </u> | | | | | | |
| | | | | | | | | |
| <u>. </u> | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | <u> </u> | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

| The date of each amendment(s) a | doption: 2/9/2011 | | | |
|--|---|--|--|--|
| (date of adoption is required) | | | | |
| Effective date <u>if applicable:</u> | | | | |
| | (no more than 90 days after amendment file date) | | | |
| Adoption of Amendment(s) | (CHECK ONE) | | | |
| The amendment(s) was/were ad was/were sufficient for approval | opted by the members and the number of votes cast for the amendment(s) | | | |
| There are no members or members adopted by the board of director | pers entitled to vote on the amendment(s). The amendment(s) was/were | | | |
| Dated 2/9/2011 | | | | |
| Signature | varally) | | | |
| have not | chairman or vice chairman of the board, president or other officer-if directors the been selected, by an incorporator — if in the hands of a receiver, trustee, or urt appointed fiduciary by that fiduciary) | | | |
| | Mircea Husar, President | | | |
| | (Typed or printed name of person signing) | | | |
| | by Diana Urrego as attorney-in-fact | | | |
| | (Title of person signing) | | | |