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Amend

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DEC 17 2010

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: _	Taberr	racle	Outre	ach, Inc
DOCUMENT NUMBER:	N060000	00010		
The enclosed Articles of Amendma	ent and fee are submi	tted for filing.		
Please return all correspondence co	oncerning this matter	to the following:		
Demo	etrius	Davis		
-	(Name of Co	ontact Person)		
				,
	(Firm/ C	Company)		
Po	BOX (,80888		
	(Add	lress)	<u> </u>	
Or	lando,	F1. 325	868	
		nd Zip Code)		
	ce 10872 (address: (to be used for			n)
For further information concerning	this matter, please ca	ill:		
Demetrius I)avis	at (407	446.	2574
(Name of Contact Pe	rson)	(Area Co	de & Daytime	Telephone Number)
Enclosed is a check for the following	ag amount made paya	ble to the Florida	Department of	State:
Certificate	Filing Fee & of Status	□ \$43.75 Filing Certified Copy (Additional copy enclosed)	' is	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporat P.O. Boy 6327			ent Section of Corporations	

2661 Executive Center Circle Tallahassee, FL 32301

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	Articles of Amendment	, /LF	` ^
A	to rticles of Incornoration	2010 DEC	U
,	of	SEROE AMI	1:
Tabernacle	Outreach	ZOID DEC 14 AMIN TALLAHASSEE, FLORI a Dept. of State)	06
(Name of Corporation as cu	rrently filed with the Florids	a Dept. of State)	/E /D ₂ 1
N 06 00	0000010		- /
(Document)	Number of Corporation (if known	wn)	
Pursuant to the provisions of section 617.10 the following amendment(s) to its Articles of	· ·	ida Not For Profit Corporation ad	opts
A. If amending name, enter the new name	e of the corporation:		
The new name must be distinguishable and abbreviation "Corp." or "Inc." "Company			,
B. Enter new principal office address, if a (Principal office address MUST BE A STR			
C. Enter new mailing address, if applica (Mailing address MAY BE A POST OF			
	,		
•			
D. If amending the registered agent and/onew registered agent and/or the new r		n Florida, enter the name of the	
Name of New Registered Agent:			
New Registered Office Address:	(Florida street a	address)	
		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if char	nging Registered Agent:		
I hereby accept the appointment as registe position.		ith and accept the obligations of	the .
-	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>	Name esphi		Address	Type of Action
_ <u>D_</u>	J088 ph	<u>Esposito</u>	Ste 110	L Remove
			Orlando, Fl. 328	339 _
	 			
F 15		41		uplica
(attach ad	ing or adding addi ditional sheets, if ne	tional Articles, enter ecessary). (Be speci	change(s) here: ific)	
	 			
				
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				· · · · ·

The date of each amendment(s) adoption: A D D Comparison Comparison
Adoption 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.
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, of other court appointed fiduciary by that fiduciary)
Demetrius Davis (Typed or printed name of person signing) Resident (Title of person signing)