N06000007643

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SECURITARY OF STATE
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	PORATION: Cynthia Boykin	Ministries, Inc.	***************************************
DOCUMENT N	UMBER: N06000007643		
The enclosed Arti	cles of Amendment and fee are subt	nitted for filing.	
Please return all c	orrespondence concerning this matte	er to the following:	
		nia Boykin	· · · · · · ·
	(Name of C	Contact Person)	
_	Cynthia Boyl	kin Ministries, Inc.	
	(Firm/	Company)	
	(Old Address): 13	024 SW Archer Road	
	(A	ddress)	
		, FL 32618	
	(City/ State	e and Zip Code)	
		in@bellsouth.net for future annual report notific	cation)
For further inform	nation concerning this matter, please	call:	
Cynthia Boykir	1	at (352) 745-825	
(Na	rme of Contact Person)	(Area Code & Dayti	me Telephone Number)
Enclosed is a chec	ck for the following amount made pa	yable to the Florida Departmen	nt 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)
Mailing Address Amendment Section		Street Address Amendment Section	
Division of Corporations		Division of Corporations	
	O. Box 6327	Clifton Building	
Tallahassee, FL 32314		2661 Executive Center Circle Tallahassee, FL 32301	

Articles of Amendment to Articles of Incorporation of

Cynthia Boykin Ministries, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N06000007643 (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corpora the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: Restoration Church International, Inc. The new name must be distinguishable and contain the word "corporation" or "incorporated abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. Restoration Church International, Inc. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 614 E Hwy 50 #160 Clermont, FL 34711 C. Enter new mailing address, if applicable: Restoration Church International, Inc. (Mailing address MAY BE A POST OFFICE BOX) 614 E Hwy 50 #160 Clermont, FL 34711 D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent:

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

(Florida street address)

(City)

Florida

(Zip Code)

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>	Address	Type of Action
<u>PD</u> <u>C</u>	Cynthia Boykin	614 E Hwy 50 #160 Clermont, FL 34711	MAddiesShar
			
E. <u>If amer</u> (attach d	nding or adding additional Article additional sheets, if necessary). (e <mark>s, enter change(s) here</mark> : Be specific)	

The date of each amendmen	t(s) adoption: April 15, 2010
Effective date <u>if applicable</u> :	(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.
Dated Apri	l 15, 2010
Signature _	Cet. Bol.
(By	the chairman or vice chairman of the board, president or other officer-if direct re not been selected, by an incorporator – if in the hands of a receiver, trusted er court appointed fiduciary by that fiduciary)
	Cynthia Boykin
	(Typed or printed name of person signing)
	President
	(Title of person signing)

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