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(Rec	uestor's Name)	
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EFFECTIVE DATE

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORE	PORATION: PRODIGAL	SON 1517 OUTREACH MII	NISTRY INC.
DOCUMENT NU	MBER: <u>N07000000952</u>		
The enclosed Artic	les of Amendment and fee a	are submitted for filing.	
Please return all co	orrespondence concerning th	is matter to the following:	
JOH	IN H. CAMPBELL		
	(Name	of Contact Person)	
PRO	DDIGAL SON MINISTR	cuntumas excession and account of the contract	
	(Fi	rm/ Company)	
129	32 SW 251 ST.		
		(Address)	
PRI	NCETON, FL. 33032	State and Zip Code)	
For further informa	ation concerning this matter,	• ,	
JOHN H. CAMPI	BELL e of Contact Person)	at (786) 226-73	39 ne Telephone Number)
`		nade payable to the Florida De	
\$35 Filing Fee	\$43.75 Filing Fee &	\$43.75 Filing Fee &	\$52.50 Filing Fee
	Certificate of Status	Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing A		Street Address Amendment Section	
	Corporations	Division of Corporations	5
P.O. Box 6	327	Clifton Building	
Tallahassee	e, FL 32314	2661 Executive Center C Tallahassee, FL 32301	Circle

EFFECTIVE DATE

Articles of Amendment to Articles of Incorporation of

PRODIGAL SON 1517 C (Name of Corporation as currently filed			
N07000 (Document Number of Co			I
Pursuant to the provisions of section 617.1006, Florida St the following amendment(s) to its Articles of Incorporation		ofit Corporation ad	opts
A. If amending name, enter the new name of the corp	oration:		
EMPOWERMENT 413 OUTREACH MIN	ISTRY INC		•
The new name must be distinguishable and contain the abbreviation "Corp." or "Inc." <mark>"Company" or "Co." n</mark>		rporated" or the	
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRI</u>			
			NAID
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		or the name of the	SION
		رح ای	OF CO
		3	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
D. If amending the registered agent and/or registered	office address in Florida out	ī	5
new registered agent and/or the new registered off		er the name of the	a g
Name of New Registered Agent:		_	
		_	
New Registered Office Address:	(Florida street address)		
	(City)	_, Florida (Zip Code)	
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. position.	ered Agent:		f the
Signature	of New Registered Agent, if cha	nging	

The date of each amendment(s) adoption: DECEMBER 10, 2008			
Effective date <u>if applicable</u> :	JANUARY 1, 2009 (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	re adopted by the members and the number of votes cast for the amendment(s) roval.		
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.		
Signature(By	the chairman or vice chairman of the board, president or other officer-if directors in not been selected, by an incorporator – if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary)		
	JOHN H. CAMPBELL (Typed or printed name of person signing)		
	PRESIDENT		
	(Title of person signing)		