. (Re	equestor's Name)		
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PICK-UP	WAIT	MAIL	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Above and Beyond Ministries, Inc.
DOCUMENT NUMBER: <u>N0700001782</u>
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Ronnie Stewart (Name of Contact Person)
(Name of Contact Person)
Refuge Church (Firm/Company)
(1 mm/ Company)
3565 Universal Plaza
(Address)
New Port Richey, FL 34652 (City/ State and Zip Code)
(City/ State and Zip Code)
Refuge Church. CC agmail. com E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Ronnie Stewart (Name of Contact Person) (Area Code) (Daytime Telephone Number)
(Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee Filing Fe
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 Articles of Incorporation of

. Above and	Beyond	Ministries,	Inc.	
(Name of Corporation as co	urrently filed with	the Florida Dept	t. of State)	
NO700F	000 1782			
(Document)	Number of Corpora	tion (if known)	-	
Pursuant to the provisions of section 617.1006, Florida Simendment(s) to its Articles of Incorporation:	Statutes, this <i>Florid</i>	a Not For Profit (Corporation adopts the f	ollowing
. If amending name, enter the new name of the corp	poration:			
				The new
nume must be distinguishable and contain the word "con Company" or "Co." may not be used in the name.	rporation" or "inco	orporated" or the	abbreviation "Corp." or	"Inc."
 Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDR</u> 	RESS)			
C. Enter new mailing address, if applicable:				2015 001 -
(Mailing address MAY BE A POST OFFICE BOX)			50 C F C S C S C S C S C S C S C S C S C S	5 PH 3: 45
If amending the registered agent and/or registered new registered agent and/or the new registered of		Florida, enter the	e name of the	
Name of New Registered Agent:				
New Registered Office Address:		(Florida street	t address)	
			, Florida	
	(Ciţy)		(Zip Code)	
lew Registered Agent's Signature, if changing Regist hereby accept the appointment as registered agent. I d	stered Agent:	id accept the oblig	rations of the position	
The second section and regime of agent.	чт запише <i>пип ц</i> е.	a accept the oong	salono oj ale positioni	
	Signature of No	ew Registered Age	nt, if changing	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, i	iame, 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 D V Mike J SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add Remove	T	Jacqueline. Butler	4607 Bowl St New Port Richey FL 34652
2) Change Add		-	
Remove 3) Change Add			
Remove 4) Change Add			
Remove 5) Change			
Add Remove			
6) Change Add Remove			

If amending or adding additional Art (attach additional sheets, if necessary).	(Be specific)				
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The state of the s					
1.444	A-19-4-19-A				
					-

The date of each amendment(s) adoption:	9-29-15	, if other than th
date this document was signed.		
Effective date if applicable:	9-29-15	
• • (no	o more than 90 days after amendment file date)	
Note: If the date inserted in this block does n document's effective date on the Department	not meet the applicable statutory filing requirement of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s) (C	CHECK ONE)	
The amendment(s) was/were adopted by was/were sufficient for approval.	the members and the number of votes cast for the	he amendment(s)
There are no members or members entitle adopted by the board of directors.	led to vote on the amendment(s). The amendmen	nt(s) was/were
Dated 9-30	-15	
Signature	Mur:	<u>.</u>
By the chairman or v have not been selecte	rice chairman of the board, president or other off ed, by an incorporator – if in the hands of a receid fiduciary by that fiduciary)	
Ar	ngelo Musicaro (Typed or printed name of person signing	
	(Typed or printed name of person signing)
Vic	ce President Director	
	(Title of person signing)	