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FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

Amend Name ch 8 (1a, 15/30/08

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Gaines	ulle Christian Seminary Inc
DOCUMENT NUMBER: No.70000 (353
The enclosed Articles of Amendment and fee are su	bmitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Dt. Bonnie R. M (Name of Co	HChell Phd. ntact Person)
Games ville Charle	ANSEMINARY, Arc.
5505 SW 63 M 6	
Gares ville J	10 Zip Code)
For further information concerning this matter, plea	se call:
Dr. Bonnie R. Mitchell (Name of Contact Person)	at (35) 494- 6477 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount made	payable to the Florida Department of State:
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed) S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

of					
Gainesville Christan Seminary Inc. (Name of Corporation as currently filed with the Florida Dept. of State)					
(Document Number of Corporation (if known)					
(Document Number of Corporation (if known)					
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:					
A. If amending name, enter the new name of the corporation:					
Garnes Ville Christian Seminary INC. The new name must be distinguishable and contain the word "corporation" or "incorporated" or the					
abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.					
B. Enter new principal office address, if applicable: 5505 S. W. 6324 Blvd.					
(Principal office address MUST BE A STREET ADDRESS) Gainas Ville, A. 32608					
C. Enter new mailing address, if applicable:					
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 5505 S. W. 63 Block.					
Gaines Ville, Jl 32608					
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: SAME					
New Registered Office Address: (Florida street address)					
New Registered Office Address: (Florida street address)					
Guneville J 326 Horida_ (City) (Zip Code)					
New Registered Agent's Signature, if changing Registered Agent:					
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.					
position. N A					

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>	<u>Name</u>		<u>Address</u>	Type of Action
		MA		Add Remove
				D
E. If amer (attach	nding or adding addi additional sheets, if no	tional Articles, ente ecessary). (Be spec	r change(s) here: ific)	

The date of each amendment(s) ad	loption: December 12,2008
Effective date if applicable:	NIA
	more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were add was/were sufficient for approval.	opted by the members and the number of votes cast for the amendment(s)
There are no members or membadopted by the board of directors	ers entitled to vote on the amendment(s). The amendment(s) was/were s.
- (New 14 2008
Signature	Bonnie R. Mitchell
(By the c have not	hairman or vice chairman of the board, president or other officer-if directors been selected, by an incorporator – if in the hands of a receiver, trustee, or art appointed fiduciary by that fiduciary)
<u>D</u>	(Typed or printed name of person signing)
***************************************	(Title of person signing)

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