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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Family Pro	omise of Brevard, Inc.
DOCUMENT NUMBER: NO7000076	
The enclosed Articles of Amendment and fee are submi	
Please return all correspondence concerning this matter	to the following:
(1	Name of Contact Person)
Family Prom.	Mame of Contact Person) 13c of Brevard, Inc
PO Box	562666
	(Address)
Rockledge 1	FL 32956
(1	City/ State and Zip Code)
mathew.	MCK. FPBQ gmal. com
E-mail address: (to be used t	for future annual report notification)
For further information concerning this matter, please c	call:
Mathew McKikey	at (32) 266-9801 (Area Code & Daytime Telephone Number)
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount made pay	
\$35 Filing Fee Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address	Street Address
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations Clifton Building
P.O. Box 6327 Tailahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED. 2014 OCT 16 PM 4: 35

Family Promise of Brevard, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)
NO700007649

TALLAHADDEE, FLORIDA

(Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new nam	ne of the Corporatio	<u> </u>		The ne
name must be distinguishable and contain "Company" or "Co." may not be used in t		on" or "incorporated	" or the abbreviation "Corp.	" ar "Inc.
B. Enter new principal office address, if (Principal office address MUST BE A ST.				_
				
C. Enter new mailing address, if applications (Mailing address MAY BE A POST O				
D. If amending the registered agent and new registered agent and/or the new			enter the name of the	
Name of New Registered Agent:				
New Registered Office Address:		Florida sireet address)		
			, Florida	
	(City)		(Zip Co	ide)
New Registered Agent's Signature, if chi I hereby accept the appointment as register			the obligations of the positio	n.
	Signature of New F	Registered Agent, if ch	anging	

Page 1 of 4

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)

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 I V Mike SV Sativ	<u>Jones</u>	
Type of Action (Check One)	<u>Title</u>	Name:	<u>Addres</u> s
1) Change	<u>D</u>	Mclodie Tucker	11605 Andrix Street
Add Remove			MeMiH Ishad FL 32953
2) Change	0	Susan Fisher	2469 Danne Drin
Add Remove		100 0 101	Cocon FL 32926
3) Change	<u>D</u>	JOSEP C. Wood	1368 HAMPTON PARK
Remove	^	AL Aller	
4) Change Add	<u>D</u> _	Al Dandreh	7156 BRODERICK DR MELBOORNE FL 32940
Remove	•		
5) Change	<u>()</u>	Hugh Hulsey	435 ISLAND DR
Add		•	MERRITT ISLAND FL 32952
6) Change	<u>D</u>	Jennifer Sungakny	1712 PGA BLVD
Add			MELBOURNE FL 32935

If amending or adding additional Artication (attach additional sheets, if necessary).	(Be specific)
•	
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(*************************************	
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The date of each amendment(s) as date this document was signed.	deption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a was/were sufficient for approve	dopted by the members and the number of votes cast for the amendment(s) al.	
adopted by the board of direct		
Dated	168/2014	
Signature	MA EM	
have not be	rman or vice chairman of the board, president or other officer-if directors en selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	
	ather McKeWell	
	(Typed or printed name of person signing)	
	(Title of person signing)	