## N07000008310

(Re	questor's Name)	
(Ad	dress)	
	•	
(Ad	dress)	
(1.5	(4.000)	
100	10. ( 17. (0)	
(Cit	ry/State/Zip/Phone #/	
PICK-UP	TIAW T	MAIL
(Bu	siness Entity Name)	<u> </u>
(Do	cument Number)	
. (50	·	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
	,	

Office Use Only



500143052185

02/11/09--01014--024 \*\*35.00

Horrand

SECRETARY OF STATEMS
SECRETARY OF CORPORATIONS
09 FEB 11 PM 3: 53

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: EDEN 7TH DA	AY CHURCH,INC.	
DOCUMENT NUMBER: N07000008310		
The enclosed Articles of Amendment and fee are	submitted for filing.	•
Please return all correspondence concerning this	matter to the following:	
Jordan Fields		
(Name of	Contact Person)	
Jordan Fields,PA		
(Firm,	/ Company)	
416 SE Cortez Ave.		
(A	Address)	
Stuart,FI 34994	e and Zip Code)	
For further information concerning this matter, pl	•	
Jean Fields	at ( 772 ) 286-0890	
(Name of Contact Person)	(Area Code & Daytime Tel	
Enclosed is a check for the following amount ma	de payable to the Florida Depart	ment of State:
▼\$35 Filing Fee   S43.75 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 Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	<b>:</b>

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



(Name of Corporation as cu	THE DAY CHU		tate)
	N070000083	110	
(Document N	lumber of Corporati		<del> </del>
Pursuant to the provisions of section 617.100 the following amendment(s) to its Articles of		this Florida Not For	Profit Corporation adopts
A. If amending name, enter the new name	e of the corporation	<u>ı:</u>	
The new name must be distinguishable and abbreviation "Corp." or "Inc." "Company			acorporated" or the
B. Enter new principal office address, if a (Principal office address MUST BE A STRE			
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OF)			
D. If amending the registered agent and/o new registered agent and/or the new re			nter the name of the
Name of New Registered Agent:			
New Registered Office Address:	(Florid	da street address)	<del>.</del>
			, Florida
		(City)	(Zip Code)
New Registered Agent's Signature, if chan I hereby accept the appointment as registed position.			ept the obligations of the
_	Signature of New	Registered Agent, if ci	hanging

## 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>s</u>	Louis-Charles, Ginette	1725 SW St. Andrews Dr. Palm City.Fl 34990	Add Remove
<u>s</u>	Rempart,Aces	1029 W 5TH Street Lakeland,Fl 33805	☑ Add □ Remove
			Add Remove
F. 16		.h() h	
	g or adding additional Articles, enter of tional sheets, if necessary). (Be specificational sheets)		

•	. /
The date of each ame	ndment(s) adoption: $\sqrt{26/2009}$
Effective date <u>if appli</u>	cable: /24 /260 9
	(no more than 90 days after amendment file date)
Adoption of Amendm	ent(s) (CHECK ONE)
The amendment(s) was/were sufficient	was/were adopted by the members and the number of votes cast for the amendment(s) for approval.
There are no mem adopted by the boa	bers or members entitled to vote on the amendment(s). The amendment(s) was/were rd of directors.
Date	d /23/2009
Sign	ature ACE Rempart
	(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	Aces Reupart (Typed or printed name of person signing)
	(Typed or printed name of person signing)
	Pres.
	(Title of person signing)

Page 3 of 3