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TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	THE NEW CHRIST	FOUNDATION I	NTERNAT	ION/	AL MINISTRY INC	
DOCUMENT NUMBER:		N070000117	08			
The enclosed Articles of Amenda	nent and fee are sub	nitted for filing.				
Please return all correspondence	concerning this matte	er to the following:				
		DR. NORMA	COLE			
		(Name of Contact	Person)			
7	THE NEW CHRIST	FOUNDATION IN	NTERNATI	IONA	AL MINISTRY INC.	
		(Firm/ Compa	iny)			
		PO BOX 1	574			
		(Address)	***			
		WINDERMERI	E. FL 34786	,		
		(City/ State and Zi	p Code)		<u> </u>	
		tncfim@embaro	qmail.com			
	address: (to be used		eport notifi	catio	n)	
For further information concerning	g this matter, please	call:				
Dr. Norma Cole			(407) at		797-4218	
(Nam	e of Contact Person))	(Area Co	ode)	(Daytime Telephone Num	ber)
Enclosed is a check for the follow	ing amount made pa	yable to the Florid	a Departme	nt of	State:	
■ \$35 Filing Fee □\$4 C	3.75 Filing Fee & ertificate of Status	□\$43.75 Filing Fe Certified Copy (Additional copy enclosed)	/ is (Certif Certif	0 Filing Fee ficate of Status fied Copy tional Copy is osed)	
Mailing Addre Amendment Sec Division of Cor P.O. Box 6327	ction ction	7. D	treet Addr Amendment Division of C The Centre	Secti Corpo		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

THE NEW CHRIST FOUNDATION INTERNATIONAL MINISTRY INC.

(Name of Corporation as currently filed with the	e Florida I	Dept. of State)	
-		00011708	
(Docum	nent Numb	er of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Flo amendment(s) to its Articles of Incorporation:	rida Statute	es, this <i>Florida Not For Profi</i>	t Corporation adopts the following
A. If amending name, enter the new name of the	e corporat	<u>ion:</u>	
THE NEW CHRIST FOUNDATION INTERNAT	IONAL M	INISTRIES INC	The new
name must be distinguishable and contain the wora "Company" or "Co." may not be used in the name	l "corpora e.	tion" or "incorporated" or th	
B. Enter new principal office address, if applica	ble:	1670 REGAL RIVER CIRC	LE
(Principal office address <u>MUST BE A STREET A</u>		OCOEE, FL 34761	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX</u>)	PO BOX 1574	
		WINDERMERE, FL 34786	
D. If amending the registered agent and/or registered new registered agent and/or the new registered	itered office a	ce address in Florida, enter t	the name of the
Name of New Registered Agent:	NOT APP	LICABLE	
The of the regime of regime.			· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	****	(Florida stre	rct address)
	1670 REC	GAL RIVER CIRCLE	34761 , Florida
		(City)	(Zip Code)
New Registered Agent's Signature, if changing R hereby accept the appointment as registered agent			igations of the position.
	Siz	gnature of New Registered Ag	ent, 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)

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	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	<u>S</u>	BRENDA R. GREEN	2873 CONNISTON DR HEPHZIBAH, GA 30815
x Remove			
2) Change Add	<u>T</u>	MARY ANN MURRAY	2936 GOLDEN BIRCH LANE LONGWOOD, FL 32750
Remove 3) Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee	g additio ts, if nece.	nal Articles, enter change(s) here: ssary). (Be specific)	
NOT APPLICABLE		·····	
			·

NOT APPLICABLE		
		
		
		
		
		
····		
The date of each amendment(s) acd ate this document was signed.	doption:,	if other than the
Effective date <u>if applicable</u> :		
парисан.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the De	ock does not meet the applicable statutory filing requirements, this date will not be	listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ac was/were sufficient for approve	dopted by the members and the number of votes cast for the amendment(s) at.	

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
Signature (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)
NORMA COLE
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)

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