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TO: Amendment Section
Division of Corporations

NAME OF CORPORATIO	FORERUNNERS FO ON:	R CHRIST MINISTI	RIES, INC.	
DOCUMENT NUMBER:	N08000000731			
The enclosed Articles of Am	endment and fee are subm	nitted for filing.		
Please return all corresponde	ence concerning this matter	to the following:		
Pamela M. Ware				
		(Name of Contact Per	rson)	
Forerunners for Christ Minis	stries, Inc			
		(Firm/ Company)	<u>. </u>	
2165 13th Ave SW				
		(Address)		
Largo FL 33770				
	(City/ State and Zip C	ode)	
forerunners@bright his	usc.com			
E	-mail address: (to be used	for future annual repo	ort notification)
For further information conc				
Pameła M. Ware		at .	727	687-0789
	(Name of Contact Person)	uu	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the f	ollowing amount made pay	able to the Florida D	epartment of S	State:
□ \$35 Filing Fee	□\$43.75 Filing Fee & I Certificate of Status		Certifi Certifi	0 Filing Fee icate of Status ied Copy tional Copy is used)
3.4 131 4		C4.		

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

FORERUNNERS FOR CHRIST MINISTRIES, INC.		Zelis CI. 26 // 0. 22
(Name of Corporation as cur	rently filed with the Flo	rida Dept. of State)
N08000000731		
(Document N	umber of Corporation (if)	known)
Pursuant to the provisions of section 617.1006, Florida Stamendment(s) to its Articles of Incorporation:	atutes, this <i>Florida Not F</i>	or Profit Corporation adopts the followin
A. If amending name, enter the new name of the corpo	oration:	
		The nev
name must be distinguishable and contain the word "corp "Company" or "Co." may not be used in the name.	oration" or "incorporate	ed" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE		
ir rincipui office unitess insost interioritation ribbace		
C. Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		
	-	
D. If amending the registered agent and/or registered		, enter the name of the
new registered agent and/or the new registered offi	ce address:	
Name of New Registered Agent:		
	(i	Florida street address)
New Registered Office Address:		
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registe	red Agent:	
I hereby accept the appointment as registered agent. I are	n familiar with and accep	t the obligations of the position.

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, (f 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	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) X Change	P	PAMELA M. WARE	
Add			
Remove			
2) X Change	<u>V</u>	CEDRIC M. WARE	
Add			
Remove			
3) Change	T	MATT WARE	2165 13TH AVE SW
X Add			LARGO FL 33770
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
0 ("			
6) Change			
Add			
Remove			

If amending or adding additional Art attach additional sheets, if necessary).	(Be specific)			
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The date of each amendment(s) a date this document was signed.	doption:	, if other than the
09/	23/2019	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bidocument's effective date on the D	lock does not meet the applicable statutory filing requirements, this date will epartment of State's records.	not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were was/were sufficient for approx	adopted by the members and the number of votes east for the amendment(s) val.	
There are no members or mer adopted by the board of direct	nbers entitled to vote on the amendment(s). The amendment(s) was/were tors.	
Dated	\mathcal{M}_{α}	
have not b	irman or vice chairman of the board, president or other officer-if directors een selected, by an incorporator – if in the hands of a receiver, trustee, or t appointed fiduciary by that fiduciary)	
CEDRI	C.M. WARE	
	(Typed or printed name of person signing)	
PRESI	DENT	
	(Title of person signing)	