N08000001596

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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPO | RATION: Road to Dama | ascus Ministries, Inc. | |
|---------------------------|--|--|---|
| DOCUMENT NUMI | BER: N08000001596 | · · · · · · · · · · · · · · · · · · · | |
| The enclosed Articles | of Amendment and fee are sub | omitted for filing. | |
| Please return all corre | spondence concerning this mat | tter to the following: | |
| | | ey C. Joyner | |
| | (Name of | f Contact Person) | |
| | Road to Dam | ascus Ministries, Inc. | |
| | (Firm | n/ Company) | |
| | 2435 US Hwy | y 19 North Suite 160 | |
| | (| Address) | |
| | Holida | ay, FL 34691 | |
| | (City/ Sta | ate and Zip Code) | - |
| | wjoyne E-mail address: (to be use | r@yahoo.com ed for future annual report noti | fication) |
| For further information | on concerning this matter, pleas | · | |
| Maday C. Jaynar | | _{at (} 727 _ ₎ 278-5 | 156 |
| Wesley C. Joyner (Name | of Contact Person) | | ytime Telephone Number) |
| | or the following amount made | payable to the Florida Departm | nent of State: |
| ☑\$35 Filing Fee | ☐ \$43.75 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) |
| Amen Divisi P.O. I | ng Address Idment Section Idment Sec | Street Address Amendment Section Division of Corpor Clifton Building 2661 Executive Ce | on ations |

Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation**



2010 AUG 13 PH 2: 46

Road to Damascus Ministries Ingal A HASSES SLODIO (Name of Corporation as currently filed with the Florida Dept. of State) N08000001596 (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 name of the corporation: 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. 2435 US Hwy 19 North B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Suite 160 Holiday, FL 34691 C. Enter new mailing address, if applicable: P. O. Box 642 (Mailing address MAY BE A POST OFFICE BOX) Port Richey, FL 34673 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: New Registered Office Address: (Florida street address) , Florida (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.

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> | Address | Type of Action |
|-----------------------------|---|--|-------------------|
| sec | Marilynne S. Peak | 7081 Blackbird Ave. Weeki Wachee, FL 34613 | ☐ Add ☑ Remove |
| sec | Cora Capitola | 2018 Pleasure Dr Holiday, FL 34691 | ☑ Add ☐ Remove |
| D | David Capitola | 2018 Pleasure Dr Holiday, FL 34691 | ☑ Add □ Remove |
| Article IV The elected by a | z or adding additional Articles, enter of ional sheets, if necessary). (Be specific e manner in which directors are elemented in the officers are board of directors. | ected or appointed is: Direc | |
| be distributed | solution of Organization: Upon dis d for one or more exempt purpose al Revenue Code or corresponding | s within the meaning of sect | ion 501(c)3 |
| | ibuted to the federal government, | | |
| purpose. | | | |
| | | | |

| The date of each amendment(s) adoption: July 30, 2010 | | |
|--|---|--|
| | (date of adoption is required) | |
| Effective date if applicable: | | |
| r e e e | (no more than 90 days after amendment file date) | |
| Adoption of Amendment(s) | (CHECK ONE) | |
| The amendment(s) was/wer was/were sufficient for appr | e adopted by the members and the number of votes cast for the amendment(s) oval. | |
| There are no members or madopted by the board of directions. | nembers entitled to vote on the amendment(s). The amendment(s) was/were ectors. | |
| Dated_July : Signature | 30, 2010 MANNE A | |
| (By | the chairman or vice chairman of the board, president or other officer-if directors e not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary) | |
| | Wesley C. Joyner | |
| | (Typed or printed name of person signing) | |
| | President/Paston_ | |
| | (Title of person signing) | |

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