N08000002419

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT	MAIL	
(Business Entity Name)		
(Document Number)	•	
Certified Copies Certificates of Sta	tus <u> </u>	
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DIVISION OF CORPORATIONS

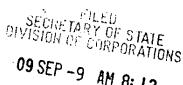
TRODERS SEP. 14 2009

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CO	ORPOR	ATION: Christ Living In	You I	Ministr	ies Incorpo	rated
DOCUMENT	NUMB	ER: N08000002419			·	
The enclosed A	Irticles (of Amendment and fee are sub-	mitted fo	r filing.		
Please return al	ll corres	pondence concerning this matte	er to the	following	g:	
		Cynthia				
		(Name of	Contact 1	Person)		
		Christ Living In	You M	linistries	s, Inc.	
		(Firm	Compa	ny)		
		P.O.	Box 17	76		
		(A	ddress)			
		Crestvie	w, FL 3	32536		
		(City/ Stat	e and Zij	Code)	,	
	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	cindy@chris E-mail address: (to be used				ition)
For further info	ormation	n concerning this matter, please	call:			
Cynthia J. R	losena	u	at (850	305-279	2
((Name o	of Contact Person)		(Area	Code & Daytin	ne Telephone Number)
Enclosed is a c	heck for	r the following amount made pa	ayable to	the Flor	ida Department	of State:
☑ \$35 Filing F		☐ \$43.75 Filing Fee & Certificate of Status	Certi (Add	fied Cop itional co osed)	opy is	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	Amend	g Address Iment Section		Amen	t Address	
Division of Corporations P.O. Box 6327			Clifto	ion of Corporation Building		
	Tallaha	assee, FL 32314			Executive Centernassee, FL 32301	Circle

Articles of Amendment to Articles of Incorporation of



es Inc.
h the Florida Dept. of State)
9
ration (if known)
tes, this <i>Florida Not For Profit Corporation</i> ad
tion:
rd "corporation" or "incorporated" or the not be used in the name.
)
P.O. Box 1776
Crestview, FL 32536
ice address in Florida, enter the name of the address:
orida street address)
. Florida
(City) (Zip Code)
l Agent:
m familiar with and accept the obligations of

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>	Name	Address	Type of Action
Treasy D	Valerie L. Heath	4416 Lathrop Drive Marcellus, New York 13108	☐ Add ☐ Remove
Directo	Jared T. Rosenau	921 Denton Blvd, Fort Walton Beach Florida 32547	☐ Add ☑ Remove
		***************************************	☐ Add ☐ Remove
E. If amendin	g or adding additional Articles, enter	change(s) here:	
(attach adai	tional sheets, if necessary). (Be specif		
			· · · · · · · · · · · · · · · · · · ·
<u> </u>			<u> </u>

The date of each amendment(s)	adoption: September 7, 2009
Effective date <u>if applicable</u> :	(date of adoption is required)
Effective date il applicable.	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were was/were sufficient for approx	adopted by the members and the number of votes cast for the amendment(s) val.
There are no members or me adopted by the board of direct	mbers entitled to vote on the amendment(s). The amendment(s) was/were tors.
Dated_Septer	mber 4, 2009
Signature	inthia & (Bosinau)
(By the	echairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, occurt appointed fiduciary by that fiduciary)
	Cynthia J. Rosenau
·	(Typed or printed name of person signing)
	Incorporator, Chairman of the board
	(Title of person signing)

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