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SECRETARY OF 3 TATE





COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPORATION: Day 54av	Ministries:	INC
DOCUMENT NUMBER:	004828	
The enclosed Articles of Amendment and fee are subm	itted for filing.	
Please return all correspondence concerning this matter	r to the following:	
Donald R. (Name of C	Swiney Contact Person)	
Day star M	Company)	
1106 F. M	11 \	
DeLand (City/State	and Zip Code)	
E-mail address: (to be used	for future annual report notification	<u>n)</u>
For further information concerning this matter, please		
Donald R. Swiney (Name of Contact Person)	at (<u>386</u>) <u>956-</u> (Area Code & Daytime	4660 Telephone Number)
Enclosed is a check for the following amount made page		
\$35 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	Street Address Amendment Section Division of Corporations Clittle Building	

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

Name of Corporation as currently filed with the Florida Dept. of State)

800004828

(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:

Church of God of	Prophe	cy Days	tar Ministries
he new name must be distinguishable and bbreviation "Corp." or "Inc." <u>"Company"</u>			orporated" or the
i. <u>Enter new principal office address, if ap</u> Principal office address <u>MUST BE A STRE</u>		~/A	
2. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF		N/A	
** *** *** ***************************			ter the name of the
man crossioned agent and/or the new rec	gisteren attice an	<u>aress:</u>	
Nemmeri New Elandered Ameri		·	_
New Registered Office Address:	#2	na in isa inana iya	
		(City)	(Zin Code)
hereby accept the appointment as register osition,	ed agent. I am	familiar with and acce	pt the obligations of the
_	Signature of Nav	Registered Agent, if ch	an ain a

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>57</u> D	Ernestine Swiney	1106 F. Minneska Deland, Fl. 3272,	Add Remove
			Add Remove
	ng or adding additional Articles, enter of ditional sheets, if necessary). (Be specificational sheets)		

The date of each amendment(s) adoption:
(date of adoption is required) Effective date if applicable: 20/0 (no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
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 A Signature Sign
Typed or printed name of person signing) President (Title of person signing)