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JAN 11 2012

EXAMINER

COVER LETTER

TO: Amendment'Section Division of Corporations

NAME OF CORPORATION: JOYN HIT	Freh NCJ IUC
DOCUMENT NUMBER: N 08000057	165
The enclosed Articles of Amendment and fee are submitted	for filing.
Please return all correspondence concerning this matter to t	he following:
ANNIE MAE BROWN	
(Name of C	Contact Person)
NA	
(Firm/	Company)
1051 VCR MON STREET	
(A	ddress)
Fellsmere, Florida (City/State	32948
(City/ State	and Zip Code)
QUEENBROW 571 6 E-mail address: (to be used for fi	Jahoo. Com Iture annual report notification)
For further information concerning this matter, please call:	
PNNIE NIBE BROWN (Name of Contact Person)	at (772) 571 - 18 94 (Area Code & Daytime Telephone Number)
(Name of Confact Person)	(Area Code & Daytine Telephone Number)
Enclosed is a check for the following amount made payable	to the Florida Department of State:
(Ac	.75 Filing Fee & Certificate of Status Certified Copy (Additional Copy is enclosed)
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

JChovAh Jire	h HC	T JUC			
	tion as current	ly filed with the Florida	Dept. of State	0	
N08000005765	• 				
		oration (if known)			
Pursuant to the provisions of section 617.16 following amendment(s) to its Articles of I	•	utes, this <i>Florida Not Fo</i>	r Profit Corpoi	ration adopts the	
A. If amending name, enter the new name	e of the corpor	ation:			
Fellsmere Comme The new name must be distinguishable and	nuwit4	PRAYER AL	Id WOR	Ship CENTER IN	10
The new name must be distinguishable and "Corp." or "Inc." "Company" or "Co." t	contain the word	d "corporation" or "inco in the name.	rporated" or ti	he abbreviation	
B. Enter new principal office address, if (Principal office address MUST BE A ST	applicable:	Fellsmere	Commun F GRA	NHY PRAYER AND WEEK	sh
			•	dn 32948	
C. Enter new mailing address, if application (Mailing address MAY BE A POST Of	ible: FFICE BOX)	Felknere.Co	manun Ty	PRTILEK MAD WORSHI CONTER IN	ئر
		1025 WE	ST GRA	INT COUTER IN	۷
				d 18 32948	
D. If amending the registered agent and			, enter the nam	e of the	
new registered agent and/or the new	registered office	: address:			
Name of New Registered Agent:	N/X				
-	······································	(Florida street address)			
New Registered Office Address:					
-	N/A	(City)	, Florida	(Zip Code)	
				(sep cone)	
New Registered Agent's Signature, if cha			ha obligations	of the novition	

Page 1 of 4

Signature of New Registered Agent, if changing

SECRETARY OF SHALL SERVICE OF CORROBATING

If AMENDING the Officers and/or Directors, please list all officers/directors of the corporation as you now want the record to be. Please indicate the title(s), name and address for each officer/director.

(Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them on an

3)____

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The	date of each amendment(s) adoption: December 5, 2011
Effe	ctive date if applicable: Deceniber 5, 2011 (no more than 90 days after amendment file date)
Ado	ption of Amendment(s) (CHECK ONE)
Ø	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.
	Dated JANUARY 4, 2012
	Signature Marco Mao Bracen
	As 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)
	(Typed or printed name of person signing)
	Plesident (Title of person signing)

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