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SECRETARY OF STATE

Amend

TB 257 K

COVER LETTER

Division of Corporations
NAME OF CORPORATION: THE HEAVENLY BROTHERS MINISTRIES INC
DOCUMENT NUMBER: N08000005965
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Anis Blemun (Name of Contact Person)
(Name of Contact Person)
AB Consulting & facounting Services (Firm/Company)
1428 NE 163rd Street
(Address)
V. Miami Beach, Florida 33162 (City/State and Zip Code)
(City/ State and Zip Code)
For further information concerning this matter, please call:
Marcy Wayner at (305) 653-5295 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed) \$52.50 Filing Fee & Certified Copy (Additional Copy is enclosed)

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Mailing Address.

TO: Amendment Section

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Street Address

Articles of Amendment Articles of Incorporation

CORE OF SAFER SAFE

(Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006, he following amendment(s) to its Articles of Inc.		his <i>Florida Not For</i>	Profit Corporation adop
A. If amending name, enter the new name of	the corporation	<u>.</u>	
The new name must be distinguishable and combination "Corp." or "Inc." "Company" or			ncorporated" or the
3. Enter new principal office address, if appl Principal office address <u>MUST BE A STREE</u>			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)			
	-		
D. If amending the registered agent and/or renew registered agent and/or the new regis			enter the name of the
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	(Florid	a street address)	
-		(City)	, Florida (Zip Code)
lew Registered Agent's Signature, if changin hereby accept the appointment as registered osition.			cept the obligations of t
<u></u>			

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
					Add Remove
		 			Add Remove
·					Add Remove
		itional Articles, enter			
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		· 106-16			
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The date of each amendment	t(s) adoption: <u>Jan - 1</u>	2007
Effective date <u>if applicable</u> :	(no more than 90 days after amend	lment file date)
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/we was/were sufficient for app		number of votes cast for the amendment(s)
There are no members or adopted by the board of dir		ndment(s). The amendment(s) was/were
hav		ne board, president or other officer-if directors ator – if in the hands of a receiver, trustee, of fiduciary)
	Louise W A (Typed or printed nam	ZOR e of person signing)
	Sacretary	
	(Title of person	signing)