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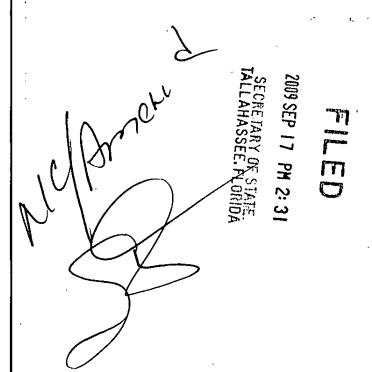
(Re	equestor's Name)	,
. (Ac	ddress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	; #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Document Number)		
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use Onl	у "





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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: RC HENDLEY MINISTRIES, CAC				
DOCUMENT NUMBER: NOS ODOOS 8922				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
ROOSEVELY HENDLEY (Name of Contact Person)				
RCHENDLEY MINISTRIES, INC (Firm/Company)				
1380 W 30TH STREET (Address)				
RIVIERA BEACIL, ELA. 33404 (City/ State and Zip Code)				
For further information concerning this matter, please call:				
ROOSEVELT HENDLEY at (561) 352-5940 (Name of Contact Person) (Area Code & Daytime Telephone Number)				
Enclosed is a check for the following amount:				
\$35 Filing Fee \$\bigcup \\$43.75 Filing Fee & Certificate of Status Certified Copy (Additional copy is enclosed) \$\bigcup \\$52.50 Filing Fee & Certified Copy (Additional Copy is enclosed)				
Mailing Address Amendment Section Street Address Amendment Section				

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Articles of Amendment

FILED

Florida_

(Zip Code)

	Articles of Incorpo	ration	2009 SFP 10	011	
_	of		2009 SEP 18	PH 12: 30	
RCHENOLEY	MINISTRIES	JINC	TALLAHASSE	OF STATE	
Of SECRETARY OF STAFE (Name of Corporation as currently filed with the Florida Dept. of State)					
N0800000 892Z					
(Document Number of Corporation (if known)					
Pursuant to the provisions of section 6 the following amendment(s) to its Artic		, this <i>Florida Not</i> I	For Profit Corpo	ration adopts	
A. If amending name, enter the new	name of the corporation	n:			
RCH HURTRIE	SIINC				
RCH HINISTRIES INC 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.					
B. Enter new principal office address (Principal office address MUST BE A		329.9 · N Boca Par	IWS3RD C	18CLE 33496	

C. Enter new mailing address, if ap (Mailing address MAY BE A POS		3299 NI Boxo RAT	W53RP CIE	<u>'cle</u> _334 0 €	
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	: (Flor	ida street address)	·····		

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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

(City)

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>		<u>Address</u>	Typ	e of Action
				_	
					Add Remove
				L J	Kemove
				· · · · · · · · · · · · · · · · · · ·	
				□	Add
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				г	Add
					Remove
,					
E. <u>If ame</u>	nding or adding addition additional sheets, if nece	nal Articles, enter cl	nange(s) here:		
(attach	additional sheets, if nece	ssary). (Be specific)		
	····			-·· · · · · · · · · · · · · · · · · · ·	/ · · · · · · · · ·

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The date of adoption of the amendmen	(s) was: SEPTEMBE 9, 2009
Effective date if <u>applicable</u> : SUPTE (no more	e than 90 days after amendment file date)
Adoption of Amendment(s) (CH	IECK ONE)
The amendment(s) was (were) for the amendment was suffici	adopted by the members and the number of votes cast ent for approval.
There are no members or mem amendment(s) was (were) ado	abers entitled to vote on the amendment. The pted by the board of directors.
` •	rman of the board, president or other officer- if directors incorporator- if in the hands of a receiver, trustee, or ry, by that fiduciary.)
	ed name of person signing)
	CED REGISTERED AGENT

FILING FEE: \$35