N08000009046

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200208259882



06/01/11--01021--017 **52.50

MILAUN -1 PH 4: 10
SECRETARY OF STATE
SECRETARY OF STATE

DDR 6/6/11

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	PRATION: CHAI PRAYE	R MINI	STRY OUTREA	CH, INC.
DOCUMENT NUM	IBER: N0800009046	_		
The enclosed Article	s of Amendment and fee are sul	bmitted for	filing.	
Please return all corr	espondence concerning this mat	tter to the f	ollowing:	
	DR. AYE	SHA MO	CLAIN	
	(Name of	f Contact F	Person)	
<u></u>	CHAI PRAYER MI	NISTRY	OUTREACH, INC	
	(Firm	n/ Compan	y)	
		NW 32	ST	
	(Address)		
		/II, FL 33		
	(City/ Sta	ate and Zip	Code)	•
	DRAYESHAMC E-mail address: (to be use			cation)
For further informati	on concerning this matter, pleas	se call:		
DR. AYESHA MO	COLAINI		786) 273-029	24
	of Contact Person)	at (me Telephone Number)
·	or the following amount made p	payable to	•	•
\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	Certif	3.75 Filing Fee & ied Copy tional copy is sed)	 ☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis P.O.	ing Address ndment Section iion of Corporations Box 6327		Street Address Amendment Section Division of Corporation Clifton Building	ons
Tallahassee, FL 32314			2661 Executive Center	er Circle

Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation** of

FILED

-2011 JUN -1 PM 4: 1'0

CHAI PRAYER MINISTRY OUTREACH, INTEGRETARY OF STATE (Name of Corporation as currently filed with the Florida Departments SEE, FLORIDA

N08000009046

(Document Number of Corporation (if known)

CHAI COMM	MUNITY SERVICES, INC.	
ne new name must be distinguishable and obreviation "Corp." or "Inc." <u>"Company"</u>		
Enter new principal office address, if ap Principal office address MUST BE A STRE		
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)		
		, enter the name of the
If amending the registered agent and/or new registered agent and/or the new reg		n, enter the name of the
new registered agent and/or the new reg		n, enter the name of the
<u>Name of New Registered Agent:</u>	istered office address: (Florida street address)	, Florida
<u>Name of New Registered Agent:</u>	istered office address:	
Name of New Registered Agent:	(Florida street address)	, Florida

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>	Type of Action
E. If amend (attach ad	ling or adding additional Articles, enditional sheets, if necessary). (Be sp	ter change(s) here: ecific)	
		·	
			
			<u> </u>
	10 11 11 11 11 11 11 11 11 11 11 11 11 1		

The date of each amendment(s) adoption: MAY 27, 2011			
Effective date if applicable:	(date of adoption is required)		
Enective date in applicable.	(no more than 90 days after amendment file date)		
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were ad was/were sufficient for approval	opted by the members and the number of votes cast for the amendment(s)		
There are no members or members adopted by the board of director	pers entitled to vote on the amendment(s). The amendment(s) was/were rs.		
have not	chairman or vice chairman of the board, president or other officer-if directors been selected by an incorporator – if in the hands of a receiver, trustee, or our appointed fiduciary by that fiduciary)		
	DR. AYESHA MCCLAIN (Typed or printed name of person signing)		
	PRESIDENT/FOUNDER		
	(Title of person signing)		