108000010543

| (Req | juestor's Name) | |
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| (Add | lress) | |
| (Add | lress) | |
| (City | /State/Zip/Phone | e #) |
| PICK-UP | TIAW [| MAIL |
| (Bus | iness Entity Nar | me) |
| (Doc | cument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to F | iling Officer: | |
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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: First EXO | lus outreach, Ministry Inc. |
|--|--|
| DOCUMENT NUMBER: 10800010 | 543 |
| The enclosed Articles of Amendment and fee are submitted for | filing. |
| Please return all correspondence concerning this matter to the f | following: |
| Priscilla Johnson (Name o | of Contact Person) |
| First Exodus Outreach, | Spirit filled Ministries Inc. |
| P.O. Box 5374, TALK | hassee FL 32314 (Address) |
| (City/ St | ate and Zip Code) |
| 515PM embarg M. E-mail address: (to be used for future | ail. Com re annual report notification) |
| For further information concerning this matter, please call: | |
| Priscilla Johnson (Name of Contact Person) | at (<u>850</u>) <u>559 40 21</u> (Area Code & Daytime Telephone Number) |
| Enclosed is a check for the following amount made payable to | the Florida Department of State: |
| | ied Copy Certificate of Status tional copy is Certified Copy |
| Mailing Address Amendment Section | Street Address Amendment Section |

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

| (Name of Corporation as currently filed with the Flor | rida Dept. of State) |
|--|---|
| First Exodus Outreach (Document Number of Corporate | Ministry, Inc. #1080000105 |
| (Document Number of Corporat | tion (it known) |
| Pursuant to the provisions of section 617.1006, Florida Statutes amendment(s) to its Articles of Incorporation: | s, this Florida Not For Profit Corporation adopts the following |
| A. If amending name, enter the new name of the corporation | on: |
| First Exacus outreach, Sp | Divit Filed Ministries, In he new |
| name must be distinguishable and contain the word "corpor u ti "Company" or "Co," may not be used in the name. | |
| B. Enter new principal office address, if applicable: | 8287 Hunters Ridge Trail |
| (Principal office address <u>MUST BE A STREET ADDRESS</u>) | 8287 Hunters Ridge Trail Tallahassee FL 32312 |
| | |
| C. Enter new mailing address, if applicable: | |
| (Mailing address MAY BE A POST OFFICE BOX) | |
| | |
| | |
| | |
| D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad | |
| | |
| Name of New Registered Agent: | |
| | (Florida street address) |
| New Registered Office Address: | Tronua sirver address) |
| | , Florida |
| (City) | (Zip Code) |
| New Registered Agent's Signature, if changing Registered | Agent: |
| I hereby accept the appointment as registered agent. I am fan | miliar_with and accept the obligations of the position. |
| Insulle | Page 1 of 4 |
| Signature of New Regist | tered/Agent, if changing |
| } | Page 1 of 4 |
| | |
| | |
| | |

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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

| Example: XChange | <u>PT</u> J | ohn Doc | |
|----------------------------|--------------------|-------------------|--|
| X Remove | <u>V</u> <u>N</u> | <u>Aike Jones</u> | |
| <u>X</u> Add | <u>sv</u> <u>s</u> | ally Smith | |
| Type of Action (Check One) | Title | Name | <u>Addres</u> s |
| Change Add Remove | _D | AL Wilborn | P.O. BOX 5374 Tailahassee FL 32314 |
| 2) Change Add Remove | | | |
| 3) Change Add Remove | | | |
| 4) Change Add Remove | | | |
| 5) Change Add Remove | | | |
| 6) Change Add Remove | | | |

| E. If amending or adding additional Article (attach additional sheets, if necessary). | icles, enter chang (Be specific) | e(s) here: | | |
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| The date of each amendment(s) adoption; Aug 24, 2012 |
|--|
| Effective date if applicable: |
| (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. |
| Dated MG 24, 2012 Signature Misuell M. Jahuse |
| (By the chairman or vice chairman of the board, president or other officer-if directors |
| have not been selected, by an incorpolator — if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) |
| Priscilla M. Johnson (Typed or printed name of person signing) President |
| President (Typed or printed name of person signing) |
| (Title of person signing) |