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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ation: <u>High ways</u>	& Byways Outre	ach Ministries, I
	CR: N 0900	•	
The enclosed Articles of	f Amendment and fee are sub	mitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
	Marlene Wo	Oshing Ton Contact Person)	
	Highways & By (Fight	ways Dutreach 1	<u> Ministnes</u> , Inc.
9	360 NW 44	Courf	
	Sunnise, FL 3: (City/State		<u> </u>
1	E-mail address: (to be used	for future annual report notific	ation)
For further information	concerning this matter, please	call:	
ພໍ≤ ລ (Name of	Thompson Contact Person)	at (954) 336- (Area Code & Dayti	- 7379 me Telephone Number)
Enclosed is a check for t	the following amount made pa	yable to the Florida Departmen	t of State:
-	□ \$43.75 Filing Fee & Certificate of Status	□ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amendm Division P.O. Box	Address nent Section of Corporations of 6327 see, FL 32314	Street Address Amendment Section Division of Corporation Clifton Building 2661 Executive Cente Tallahassee, FL 32301	r Circle

Articles of Amendment to Articles of Incorporation of

Highways & Bu	iways Du-	treach Minist	ries, Inc.
(Name of Corporation as ex	rrently filed with	the Florida Dept. of S	tate)
00 PO K	0000 816		
(Document N	Number of Corporat	ion (if known)	
Pursuant to the provisions of section 617.10 the following amendment(s) to its Articles of	06, Florida Statutes, f Incorporation:	, this <i>Florida Not For I</i>	Profit Corporation adopts
A. If amending name, enter the new name	e of the corporatio	<u>n:</u>	
The new name must be distinguishable and abbreviation "Corp." or "Inc." "Company	d contain the word "or "Co." may not	"corporation" or "in	corporated" or the
B. Enter new principal office address, if a			77 S
(Principal office address <u>MUST BE A STR</u>	EET ADDRESS)		ORE AL
			ASS.
			- <u>F</u>
C. Enter new mailing address, if applical			FS D
(Malling address <u>MAY BE A POST OF</u>	FICE BOX		
		·	D 11 E
D. Towns No. 4			
D. If amending the registered agent and/o new registered agent and/or the new re			iter the name of the
Name of New Registered Agent:			<u>.</u>
New Registered Office Address:	(Flori	ida street address)	<u> </u>
			, Florida
		(City)	(Zip Code)
New Registered Agent's Signature, if char I hereby accept the appointment as registe position.	nging Registered A red agent. I am	gent: familiar with and acce	ept the obligations of the
-	Signature of New	Registered Agent, if ch	anging

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>	Name	<u>Address</u>	Type of Action
<u>Director</u> fluissions	Glady Jackson	1893 Tulip petal Rd Auburn GA 30011	_ ☐ Add ☐ Remove
			Add Remove
			_
E. If amending (attach add	ng or adding additional Articles, enter itional sheets, if necessary). (Be spec	r change(s) here: ific)	·
		,	
	<u> </u>	• 	
			
			······································

The date of each amendment(s) ad	option: <u>JUI 3, 2009</u>
Effective date <u>if applicable</u> :	(date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ado 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 directors	ers entitled to vote on the amendment(s). The amendment(s) was/were s.
Dated	1/3,2009
Signature	Too They
(By the ci	hairman 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, our appointed fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	(Typed or printed name of person signing)
	VP
	(Title of person signing)