N09000004874

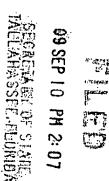
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
	<u>.</u>	
Special Instructions to	Filing Officer:	

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Amena C.COULLIETTE

SEP-14 2009

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: VISION OF F	AITH FOUNDATION,	INC.
DOCUMENT NUM	ивек: <u>N09000004874</u>		
The enclosed Article	es of Amendment and fee are sul	bmitted for filing.	
Please return all cor	respondence concerning this mat	tter to the following:	
		RICIA ENNIS	
	(Name of	f Contact Person)	,
	(Firm	n/ Company)	
		8TH DRIVE, #2B	
	(,	Address)	
		RINGS, FL 33065 te and Zip Code)	<u> </u>
		IN@HOTMAIL.COM	
 .		ed for future annual report noti	fication)
For further informati	on concerning this matter, pleas	e call:	
PATRICIA ENNI		at (754) 204-3	482 ytime Telephone Number)
(Name	e of Contact Person)	(Area Code & Day	ytime Telephone Number)
Enclosed is a check	for the following amount made p	payable to the Florida Departm	ent 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)
Ame Divis P.O.	ing Address ndment Section sion of Corporations Box 6327 hassee, FL 32314	Street Address Amendment Sectio Division of Corpor Clifton Building 2661 Executive Cer Tallahassee, FL 32	ations nter Circle

Articles of Amendment Articles of Incorporation

VISION OF FAITH FOUNDATION, INC.

(Name of Corporation as currently	filed with	the Florida Dept. of S	tate)
N09000	004874		
(Document Number of	of Corporat	ion (if known)	
Pursuant to the provisions of section 617.1006, Flori the following amendment(s) to its Articles of Incorpo		, this <i>Florida Not For I</i>	Profit Corporation adopts
A. If amending name, enter the new name of the	<u>corporatio</u>	<u>n:</u>	
	N/A		
The new name must be distinguishable and contain abbreviation "Corp." or "Inc." "Company" or "Co	n the word o <mark>." may no</mark> t	"corporation" or "in the used in the name	corporated" or the
B. Enter new principal office address, if applicab	ole:	N/A	
(Principal office address <u>MUST BE A STREET AL</u>		N/A	· 4
		N/A	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		P.O BOX 120146 FT. LAUDERDALE, FL 33312	
D. If amending the registered agent and/or regist new registered agent and/or the new registere			nter the name of the
Name of New Registered Agent:	d Office ad	N/A	
Name of New Registered Agent.		N/A	
New Registered Office Address:	(Flor	ida street address)	
		N/A	Florida
	······································	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing R. I hereby accept the appointment as registered age position.			ept the obligations of the
Ciona	ture of New	Registered Agent if cl	nanaina

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)

Type of Action <u>Address</u> <u>Title</u> <u>Name</u> Secret 7 PATRICIA LINDSAY 11-510 NE 36TH ☐ Add Secretary **ROSE GARVEY** □ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

The date of each amendment(s) adoption: JUNE 12, 2009		
Effective date <u>if applicable</u> :	(date of adoption is required) IMMIEDIATELY	
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/we was/were sufficient for app	ere adopted by the members and the number of votes cast for the amendment(s) proval.	
✓ There are no members or adopted by the board of di	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.	
	PTEMBER 02, 2009	
hav	the chairman or vice chairman of the board, president or other officer-if directors to not been selected, by an incorporator — if in the hands of a receiver, trustee, or her court appointed fiduciary by that fiduciary)	
	PATRICIA ENNIS	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

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