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C.COULLIETTE

JUN 2 3 2010

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: BITEWAY	Ministires Inc.			
DOCUMENT NUMBER: NO 9000	8 Ø 5749			
The enclosed Articles of Amendment and fee are subm	itted for filing.			
Please return all correspondence concerning this matter	to the following:			
SAM Alcod				
(Name of C	ontact Person)			
RHEWAY Minustrie	s Inc.			
(Firm/	Company)			
1652 moty Lak	e Drue			
(Ad	ldress)			
Fleming Island (City/State	and Zip Code)			
Samo Riteway min	for future annual report notification)			
For further information concerning this matter, please of	call:			
	i kan ya kasa sa			
San Alood	at (904) 954-9026			
(Name of Contact Person)	(Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$35 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address 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 curr	rently filed with the Florida Dep	t. of State)
NQ900000	<u> </u>	
(Document Nu	mber of Corporation (if known)	•
Pursuant to the provisions of section 617.1006 the following amendment(s) to its Articles of I		t For Profit Corporation adopts
A. If amending name, enter the new name of	of the corporation:	
5 \	ries Toc.	1
The new name must be distinguishable and abbreviation "Corp." or "Inc." "Company"	contain the word "corporation"	
B. Enter new principal office address, if ap		
(Principal office address MUST BE A STRE		:
C. Enter new mailing address, if applicable	e:	
(Mailing address MAY BE A POST OFF	<u> </u>	55 X X
	·	
	· · · · · · · · · · · · · · · · · · ·	<u> </u>
D. If amending the registered agent and/or new registered agent and/or the new reg		ida, enter the name of the
Name of New Registered Agent:		,
Name of Ivew Regimered Agent.		
New Registered Office Address:	(Florida street addres	(8)
	•	. Florida
	(City)·	(Zip Code)
New Registered Agent's Signature, if chang I hereby accept the appointment as register	ging Registered Agent: ed agent. I am familiar with a	nd accept the obligations of the
position.		· · · ·
	Signature of New Registered Age	nt, if changing
	Page 1 of 3.	

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>	Address	Type of Action
·			Add Remove
····			
			☐ Add ☐ Remove
E. If amend	ling or adding additional Articles, e	nter change(s) here:	
`(attuch aa	lditional sheets, if necessary). (Be s	specific)	
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The date of each amendment(s) ac	dontion: 6/25/2010
Effective date if applicable:	(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 adwas/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	bers entitled to vote on the amendment(s). The amendment(s) was/were rs.
Dated 6 2	5/2010 Sudbood:
(By the chave 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, ourt appointed fiduciary by that fiduciary)
	Sam Alood
ند الدينية الرواد الرائد السداد عالي الرائد المجتمد ال	(Typed or printed name of person signing)
	President
	(Title of person signing)

Page 3 of 3