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SECRETARY OF STATE

Fmend & Name Charge

DEC 20 2013 T. CARTER

COVER LETTER

TO: Amendment Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: Men of th	e Sword, In	С
DOCUMENT NUMBER: N0900009		
The enclosed Articles of Amendment and fee are subr		
Please return all correspondence concerning this matte	er to the following:	
Terrance Beauford		
	(Name of Contact Person	n)
Men of the Sword, Inc		
	(Firm/ Company)	
1956 SW Capri St		
	(Address)	
Port St. Lucie, FI 34953		
	(City/ State and Zip Cod	e)
tabeauford@gma	il.com	
E-mail address: (to be used		notification)
For further information concerning this matter, please	call:	
Terrance Beauford	, 772	204-5015
(Name of Contact Person)	(Area Co	ode & Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida Depa	artment of State:
□ \$35 Filing Fee □\$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)
Mailing Address		Address
Amendment Section	Amendment Section Division of Corporations	

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



Men of the Sword, Inc.

(Name of Corporation as currently filed with the Flor	rida Dept. of State)	
N09000009626		
(Document Number of Co	rporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statutes amendment(s) to its Articles of Incorporation:	s, this <i>Florida Not For Profit Corporation</i> a	dopts the following
A. If amending name, enter the new name of the corporation	on:	
Sword Outreach Ministries, Inc		The new
name must be distinguishable and contain the word "corporat "Company" or "Co." may not be used in the name.	ion" or "incorporated" or the abbreviation	"Corp." or "Inc."
B. Enter new principal office address, if applicable:	1403 S. 27th St.	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Ft. Pierce, Fl 34947	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered offic new registered agent and/or the new registered office as		
Name of New Registered Agent:		
	(Florida street address)	
New Registered Office Address:	,	
	, Florida	
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered	Agent:	
hereby accept the appointment as registered agent. I am fan		osition.
Signature of New I	Registered 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: X Change X Remove X Add	<u>V</u> <u>Mik</u>	n Doe e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	V/D2	Mills, Thernell SR	P.O. Box 2876
Add			Ft. Pierce, Fl 34954
X Remove			
2) Change	S/T	Harris-Beauford, Kimberly C	P.O. Box 2876
Add			Ft. Pierce, Fl 34954
X Remove			
3) Change	<u>s</u>	Knox, Rose	P.O. Box 2876
X Add			Ft. Pierce, Fl 34954
Remove			
4) Change	Т	Turner, Theresa	P.O. Box 2876
X Add			Ft. Pierce, Fl 34954
Remove			
5) Change	V	Gilliam, Jarvius	P.O. Box 2876
X Add			Ft. Pierce, Fl 34954
Remove			
6) Change	D2	Harris-Beauford, Kimberly C	P.O. Box 2876
X Add	•	tions or the state of the state	Ft. Pierce, Fl 34954
Remove			

E. If amending or adding additional Articles, enter change(s) here:							
(attach additional sheets, if necessary). (Be specific)							
Please add the new Mission Statement which is the purpose of the Organization:							
Sword Outreach Ministries is a holistic mentoring organization focused							
on at-risk young men and young women who are influenced by gangs,							
poverty, or a lack of role models. We help them build self-esteem,							
character, and initiative to conquer life challenges.							

The	e date of each amendment	October 19, 2013	, if other than the		
	ate this document was signed. Security date if applicable: December 10, 2013				
	(no more than 90 days after amendment file date)				
Ad	option of Amendment(s)	(CHECK ONE)			
	The amendment(s) was/w was/were sufficient for ap	were adopted by the members and the number of votes cast for the amendment(s) oproval.			
	There are no members or adopted by the board of o	members entitled to vote on the amendment(s). The amendment(s) was/were directors.			
	Dated 12-	10-2013			
	have r	e chairman or vice chairman of the board president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)	<u> </u>		
	Terran	ce A. Beauford			
		(Typed or printed name of person signing)			
	Preside	ent - Director 1			
		(Title of person signing)			

SWORD OUTREACH MINISTRIES, INC.

MISSION STATEMENT:

Sword Outreach Ministries is a holistic mentoring organization focused

on at-risk young men and young women who are influenced by gangs, poverty or a lack of role models. We help them build the self-esteem, character and initiative to conquer life challenges.

