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TABLISTING PH 2: 34

Amend Name Mand Chs May Hollo

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: The Field of B	oaz Outreach Ministries	s, Inc.
DOCUMENT NUM	BER: N10000001710		
The enclosed Articles	of Amendment and fee are sub	omitted for filing.	
Please return all corre	spondence concerning this mat	ter to the following:	
		ma Daniel	
	(Name of	Contact Person)	
	The Field of Boaz	Outreach Ministries, Inc.	
	(Firm	n/Company)	
	13821	Chatham PL	
	(,	Address)	
	Davie	, FL 33325	
	(City/ Sta	te and Zip Code)	
·		/@bellsouth.net	ation)
For further information	on concerning this matter, pleas	·	,
Eula Nelson		at (954) 309-428	30
	of Contact Person)		me Telephone Number)
Enclosed is a check for	or the following amount made p	payable to the Florida Departmen	at 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)
	ng Address adment Section	Street Address Amendment Section	,
	ion of Corporations	Division of Corporati	ons
P.O. I	Box 6327	Clifton Building	
Tallal	nassee, FL 32314	2661 Executive Cente	er Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

The Field of Boa	az Outreach Ministries, Inc.	
(Name of Corporation as cu	rrently filed with the Florida Dept. of S	tate)
N1	10000001710	75
(Document N	lumber of Corporation (if known)	tate) 10 POR 15
Pursuant to the provisions of section 617.100 the following amendment(s) to its Articles of		
A. If amending name, enter the new name	e of the corporation:	
ALL ABOUT GRAC	CE OUTREACH MINISTRIES, INC	
The new name must be distinguishable and abbreviation "Corp." or "Inc." "Company	d contain the word "corporation" or "in or "Co." may not be used in the name.	corporated" or the
B. Enter new principal office address, if a (Principal office address MUST BE A STR.)		
C. Enter new mailing address, if applicate (Mailing address MAY BE A POST OF)		
D. If amending the registered agent and/o new registered agent and/or the new re		nter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
	<u> </u>	, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if chan I hereby accept the appointment as registe position.		ept the obligations of th
_	Signature of New Registered Agent, if ci	hanoino

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>	<u>Address</u>	Type of Action
<u>s</u>	Kirl Lewis	14016 Langley PL Davie, FL 33325	
<u>D</u>	Brian Lewis	14016 Langley PL Davie, FL 33325	
S/D_	Maureen Ferdinand	1040 Tennessee Ave. Ft. Lauderdale, FL 33312	☑ Add □ Remove
	ding or adding additional Articles, endditional sheets, if necessary). (Be a		
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

The date of each amendment(s) adoption: 04/10/2010
	(date of adoption is required)
Effective date <u>if applicable</u> : _	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were was/were sufficient for appro	adopted by the members and the number of votes cast for the amendment(s) val.
There are no members or me adopted by the board of direct	embers entitled to vote on the amendment(s). The amendment(s) was/were ctors.
Dated	41010
Signature	Mariel
(By the state of t	he 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, o court appointed fiduciary by that fiduciary)
	Norma Daniel
	(Typed or printed name of person signing)
	President
	(Title of person signing)

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