

Amend/Name  
CC chg  
10 7/9/12

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: **Edred Bryan Ministries, Inc.**

DOCUMENT NUMBER: **N10000004310**

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Dr. Edred C. Bryan**

(Name of Contact Person)

**Edred Bryan Ministries**

(Firm/ Company)

**3637 High Pine Drive**

(Address)

**Coral Springs, FL 33065**

(City/ State and Zip Code)

**EdBryan@aol.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Dr. Edred Bryan**

(Name of Contact Person)

at ( **703** ) **350-2251**

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |                                          |                                                                        |                                                                                                                |                                                                                                                            |
|------------------------------------------|------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input checked="" type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 JUL -5 AM 11:52

EDRED BRYAN MINISTRIES, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

N10000004310

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

EDRED AND ALETA BRYAN MINISTRIES, INC.

The new

name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

NA

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

NA

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

NA

(Florida street address)

New Registered Office Address:

NA

(City)

, Florida

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

NA

Signature of New Registered Agent, if changing

*(Attach additional sheets, if necessary)*

*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.*

**Example:**

| Type of Action<br>(Check One)                                                                                    | Title | Name                    | Address                                         |
|------------------------------------------------------------------------------------------------------------------|-------|-------------------------|-------------------------------------------------|
| 1) <input checked="" type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input type="checkbox"/> Remove | PTC   | EDRED C. BRYAN          | 3637 HIGH PINE DRIVE<br>CORAL SPRINGS, FL 33065 |
| 2) <input type="checkbox"/> Change<br><input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove | VSD   | ALETA E. BRYAN          | 3637 HIGH PINE DRIVE<br>CORAL SPRINGS, FL 33065 |
| 3) <input checked="" type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input type="checkbox"/> Remove | D     | RUTH E. BRYAN           | 8769 SW TROPICAL WAY<br>STUART, FL 34997        |
| 4) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove | T     | SHONDRA L. BRYAN-POWELL | 4751 HEATHER MILL TRACE<br>SNELLVILLE, GA 30039 |
| 5) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |       |                         |                                                 |
| 6) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |       |                         |                                                 |

**E. If amending or adding additional Articles, enter change(s) here:**  
(attach additional sheets, if necessary). (Be specific)

NA

The date of each amendment(s) adoption: July 1, 2012

Effective date if applicable: July 1, 2012

*(no more than 90 days after amendment file date)*

Adoption of Amendment(s) **(CHECK ONE)**

- ☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- ☒ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated July 3, 2012

Signature   
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

EDRED C. BRYAN

*(Typed or printed name of person signing)*

PRESIDENT

*(Title of person signing)*