N10000005482

	,
(Re	equestor's Name)
(Ac	ddress)
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(C)	ity/State/Zip/Phone #)
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PICK-UP	WAIT MAIL
(Bı	usiness Entity Name)
(Dr	ocument Number)
(50	Scurrent Number,
Certified Copies	Certificates of Status
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TO DEC 15 PM 12: 55
SECRETARY OF STATE
MALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: The Birth Place International Ministry Network
DOCUMENT NUMBER: N 1 0000005482
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
James T. Johnson, Jr. (Name of Contact Person)
(Firm/ Company)
1793 Opa-Locka Blvd. (Address)
Opa-Locka, FL 33054 (City/ State and Zip Code)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tames T. Johnson, Jr. at (305) 967-0345 (Name of Contact Person) (Area Code & Davtime Telephone Number)
\$ 43.75 Filma fee + CERTAFOCHTE STATUS

Articles of Amendment to Articles of Incorporation of

The Birth Place International Ministry Network, Inc. (Name of Corporation as currently filed with the Florida Dept. of State)
N 10000005482
(Document Number of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
The Birth Place International Ministry, 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) (Principal office address MUST BE A STREET ADDRESS)
33054
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Miami, FL Tageir
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: James T. Johnson, Jr.
New Registered Office Address: (Florida street address)
Opa-Locka, Florida 33054 (City) (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.

Signature of New Registered Agent, if changing

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>	Name	Address	Type of Action
<u>VP</u>	Gedion A. Liscombe	20506 NW 8th Court Miami Gardens, FL 33/169	☐ Add ☐ Remove
<u>VP</u>	Sherrie Liscombe.	20506 NW 8th Court Miami Gardens, F2 33/69	☐ Add ☑ Remove
<u>VP</u>	Elisha Blount	1104 N. A-Court- HOLLYWOOD, FL 33020	Add ☐ Remove
	ding or adding additional Articles, enter		
(attach a	dditional sheets, if necessary). (Be speci	ific)	

The date of each amendment(s) ac	doption: 12/9/2010
	(date/of adoption is required)
Effective date <u>if applicable</u> :	(no more than 90 pays after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were add was/were sufficient for approval.	opted by the members and the number of votes cast for the amendment(s)
There are no members or memb	pers entitled to vote on the amendment(s). The amendment(s) was/were s.
/2	1chus
Dated	19/10/0
Signature	
	hairman 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, or
	irt appointed fiduciary by that fiduciary)
·	Tames To Tilhoson De.
	(Typed or printed name of person signing)
	Present
	(Title of person signing)