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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: WATERSTON	IE FELLOWSHIP MINIST	RIES, INC.
DOCUMENT NUME	BER: N10000005524		
The enclosed Articles	of Amendment and fee are sub	omitted for filing.	
Please return all corres	spondence concerning this mat	ter to the following:	
	JEFF	JOHNSON	·
	(Name of	f Contact Person)	
	WATERSTONE FELL	OWSHIP MINISTRIES, INC.	
		n/ Company)	
	0000 14/14/7775 05	DINOG BLVD (4400) 045	
د <u></u>	2200 WINTER SP	RINGS BLVD, #106-215	
	(1		reducjim irj)
	OVIED	00, FL 32765	
	(City/ Sta	ite and Zip Code)	
	F 1 (A- 1	J.F. F. C	
	·	ed for future annual report notification	Jii)
For further information	n concerning this matter, pleas	e call:	
JEFF JOHNSON		at (407) 484-9789	
	of Contact Person)	at (<u>407</u>) <u>484-9789</u> (Area Code & Daytime	Telephone Number)
Enclosed is a check fo	r the following amount made p	payable to the Florida Department o	f 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 Iment Section	Street Address Amendment Section	
Divisio	on of Corporations"	Division of Corporations	
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center C	ircle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

WATERSTONE FELLOWSHIP MINISTRIES, INC.

(Name of Corporation as currently file	d with the Florida Dept. of State)	
N1000000	5524	
(Document Number of C	Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida the following amendment(s) to its Articles of Incorporate		<i>ration</i> adopt
A. If amending name, enter the new name of the con	poration:	
The new name must be distinguishable and contain the abbreviation "Corp." or "Inc." "Company" or "Co."		or the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDI	RESS)	
		<u></u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX		APR -
(Maning dauress MATI BETTI OST OTTION BOT	AL AND	Salismas Late 14
	A CONTRACTOR OF THE CONTRACTOR	
		<u>ය</u> ම
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		ne of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
	, Florida_	
	(City) (Zip C	iode)
New Registered Agent's Signature, if changing Registeredy accept the appointment as registered agent. position.	stered Agent: I am familiar with and accept the oblig	zations of th
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
			☐ Add ☐ Remove
			_ nome v
			☐ Add ☐ Remove
			☐ Add ☐ Remove
(attach addit	or adding additional Articles, enter chional sheets, if necessary). (Be specifically - REQUIREMENTS		
UPON THE I	DISSOLUTION OF THE ORGANIZ	ZATION, ASSETS SHALL B	<u>E</u>
DISTRIBUT	ED FOR ONE OR MORE EXEMP	T PURPOSES WITHIN THE	
MEANING O	F SECTION 501(C)(3) OF THE IN	TERNAL REVENUE CODE	1
OR CORRES	SPONDING SECTION OF ANY FL	ITURE FEDERAL TAX COL	DE,
OR SHALL E	BE DISTRIBUTED TO THE FEDER	RAL GOVERNMENT, OR TO	D A
STATE OR L	OCAL GOVERNMENT, FOR A P	UBLIC PURPOSE. ANY SU	ICH
ASSETS NO	T DISPOSED OF SHALL BE DISF	POSED OF BY A COURT O	F
COMPETEN	T JURISDICTION OF THE COUN	TY IN WHICH THE PRINCI	PAL
OFFICER O	F THE ORGANIZATION IS THEN	LOCATED, EXCLUSIVELY	•
FOR SUCH	PURPOSE OR TO SUCH ORGAN	IIZATION OR ORGANIZATI	ONS,
AS SAID CO	OURT SHALL DETERMINE, WHIC	H ARE ORGANIZED AND	
OPERATED	EXCLUSIVELY FOR SUCH PUR	POSE.	

The date of each amendmen	t(s) adoption: MARCH 29, 2011
Effective date <u>if applicable</u> :	(date of adoption is required) MARCH 29, 2011
•	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we was/were sufficient for app	ere adopted by the members and the number of votes cast for the amendment(s) proval.
There are no members or adopted by the board of di	members entitled to vote on the amendment(s). The amendment(s) was/were irectors.
Signature (B ha	y the chairman or vice chairman of the board, president or other officer-if directors ye not been selected, by an incorporator – if in the hands of a receiver, trustee, or her court appointed fiduciary by that fiduciary)
	JEFF JOHNSON
	(Typed or printed name of person signing)
	CHAIRMAN OF THE BOARD
	(Title of person signing)