N10000007677

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TALLARY OF STATE

24/11

COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPORATION:	mal Faith	Bul Wers. Ar
DOCUMENT NUMBER: N100000 74	77	
The enclosed Articles of Amendment and fee are submitted in	or filing.	
Please return all correspondence concerning this matter to the	following:	
Reba Naci		
<u>^</u>		
Covenant Family	Church, I	vc_
(Firm/ Comp.	any)	
2/2 S S 7 (Address)	loud Are	<u> </u>
(Address)		
City/ State and Z	onda 335	-9¥
(City/ State and Z	ip Code)	
Lebahaley @ a E-mail address: (to be used for fut	ure annual report notification)
For further information concerning this matter, please call:		
1/eba Naley	813 L85-6	242
Name of Contact Person) at ((Area Code & Daytime T	elephone Number)
Enclosed is a check for the following amount made payable t		
Certificate of Status Certificate (Ad	ified Copy ditional copy is	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address	Street Address	
Amendment Section Division of Corporations	Amendment Section Division of Corporations	
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circ	cle

Tallahassee, FL 32301

Articles of Amend to	dment FILED
Articles of Incorpo	2011 FEB -3 PM 4: 18
International Fa.	The BUSINESS FATER TO STATE
(Name of Corporation as currently filed with	the Florida Dept. of State)
N 10000007677	
(Document Number of Corporate	tion (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes the following amendment(s) to its Articles of Incorporation:	s, this Florida Not For Profit Corporation adopts
A. If amending name, enter the new name of the corporation	on:
Covenant Family Churo	h, INC.
The new name must be distinguishable and contain the word abbreviation "Corp." or "Inc." "Company" or "Co." may no	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	212 S. St. Cloud Are
	Valnico, Honda 33174
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	212 S. St. Cloud SN 2 Value, Florida 33574

D. <u>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:</u>

Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
_		, Florida
	(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)

Title Name	Address	Type of Action
NA Kels Holey NA	21:N/A	☐ Add☐ Remove
		☐ Add ☐ Remove
E. If amending or adding additional Articles, enter (attach additional sheets, if necessary). (Be spec	er change(s) here: cific)	
	· · · · · · · · · · · · · · · · · · ·	·
	, , , , , , , , , , , , , , , , , , ,	

The date of each amendment(s) adoption: 1/29/11	
rice at the second	(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 a was/were sufficient for approve	dopted by the members and the number of votes cast for the amendment(s) al.
There are no members or men adopted by the board of direct	ors. The amendment(s) was/were
Dated/	79/11 Colon Waly
(By the	chairman or vice chairman of the board, president or other officer-if directors of been selected, by an incorporator – if in the hands of a receiver, trustee, or ourt appointed fiduciary by that fiduciary)
_	Reba Haley
_	(Typed or printed name of person signing) PRES, den t
	(Title of person signing)