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SECRETARY OF STATE
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TO: Amendment Section Division of Corporations

NAME OF CO	PRPORATION: _	Alpha.	Dnega Restoration Dutre	ach Ministry Inc.
DOCUMENT	NUMBER:	NIIOO	0001049	
The enclosed A	rticles of Amendm	nent and fee are	submitted for filing.	
Please return all	correspondence c	oncerning this i	matter to the following:	
-	Pa	mela D. (Name	Johnson e of Contact Person)	
-	Alpha !	Omega f	Restoration Dutreach Mir	isty Inc
-	Posta	1 Box	(Address)	
-	Jas	per, Flor (City/	rida 32052 State and Zip Code)	
_	E-mail	Alpha 201 address: (to be	O @ windstream.nct used for future annual report notific	ation)
For further infor	nation concerning	g this matter, ple	ease call:	
(1)	vame of Contact P	erson)	` .	me Telephone Number)
			le payable to the Florida Departmen	
□\$35 Filing Fe	Certificate	Filing Fee & e 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)
	Mailing Address Amendment Sectior Division of Corpora P.O. Box 6327 Tallahassee, FL 323	tions	Street Address Amendment Section Division of Corporatio Clifton Building 2661 Executive Cente Tallahassee, FL 32301	r Circle

Articles of Amendment to Articles of Incorporation



JAI.	CRETARY OF
 Alpha ! Omega Restoration Outreach Ministry Inc. (Name of Corporation as currently filed with the Florida Dept. of State)	AHASSEE FLORIDA
(Name of Corporation as currently filed with the Florida Dept, of State)	- LORIOA
 N11000001049	
(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:

If amonding name, antau the new name of the samuel	41
. If amending name, enter the new name of the corporat	tion:
alpha : Omega Restoration Outreach M	inistries Inc.
he new name must be distinguishable and contain the wor	rd "corporation" or "incorporated" or the
bbreviation "Corp." or "Inc." <u>"Company" or "Co." may n</u>	tot be used in the name.
. Enter new principal office address, if applicable:	1150 NW US Highway 41 Suit
rincipal office address <u>MUST BE A STREET ADDRESS</u>	1
	Josper, Florida
	32052
Enter new mailing address, if applicable:	Pachel Ray 1954
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	Yostal Box 1754
	Jasper, Florida
	32052
•	<u> </u>
. If amending the registered agent and/or registered office	
new registered agent and/or the new registered office a	<u>iddress:</u>
Name of New Registered Agent:	
Now Registered (Nica Address: /Fir	orida street address)
New Registered Office Address: (Flo	
TEN REGISTER Office Autress. (File	, Florida
TEN REGISTER Office Address. (File	, Florida (City) (Zip Code)
	(City) (Zip Code)
ew Registered Agent's Signature, if changing Registered	(City) (Zip Code) Agent:
	(City) (Zip Code) Agent:

Signature of New Registered Agent, if changing

removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary)			
<u> Citle</u>	<u>Name</u>	Address	Type of Acti
·			
			Remove
		<u> </u>	
	•		
	•		

The date of each amen	dment(s) adoption: $\frac{9/38}{4}$
	(date of adoption is required)
Effective date if applic	
	(no more than 90 days after amendment file date)
Adoption of Amendme	nt(s) (CHECK ONE)
The amendment(s) w was/were sufficient for	ras/were adopted by the members and the number of votes cast for the amendment(s) or approval.
There are no member adopted by the board	ors or members entitled to vote on the amendment(s). The amendment(s) was/were of directors.
Dated	9/28/2011
Signat	
	(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)
	(Typed or printed name of person signing)
	(Title of person signing)

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