111000001714

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(City/State/	/Zip/Phone #)
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SECRETARY OF STATE, LLAHASSEE, FLORIDA

JAN 18 2016. T. LEMPEUX



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATIO	Alabaster Box Christi	ian Ministries, Inc., a	Division of E	xodus Ministries, Inc.	
	N11000001714				
DOCUMENT NUMBER:					_
The enclosed Articles of Am	endment and fee are subm	nitted for filing.			
Please return all corresponde	nce concerning this matter	to the following:			
Twanna House					
	((Name of Contact Pe	erson)		_
Alabaster Box Christian Mir	nistries, Inc.				
		(Firm/ Company	')		
1072 Sawyer St.					
		(Address)			_
Pensacola, FL 32534					
		(City/ State and Zip (Code)		
alabasterboxcm2@gmail.com	m				
E	-mail address: (to be used	for future annual rep	ort notification)	_
For further information conc	erning this matter, please o	call:			
Twanna House		at	850	529-3307	
((Name of Contact Person)		(Area Code)	(Daytime Telephone Number)	
Enclosed is a check for the fo	ollowing amount made pay	able to the Florida I	Department of	State:	
□ \$35 Filing Fee	Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy is enclosed)	Certifi s Certifi	D Filing Fee icate of Status ied Copy is used)	

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

Alabaster Box Christian Ministries, Inc., a Divison C		Late Barrier (State)
N11000001714	s currently filed with the F	lorida Dept. of State)
	ent Number of Corporation (i	f known)
Pursuant to the provisions of section 617.1006, Floric amendment(s) to its Articles of Incorporation:	•	
A. If amending name, enter the new name of the c	corporation:	
Alabaster Box Christian Ministries, Inc.		The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name.	"corporation" or "incorpora	
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Bo	<i>0X</i>)	
D. If amending the registered agent and/or registered new registered agent and/or the new registered Name of New Registered Agent:	ered office address in Florid d office address: N/A	da, enter the name of the
_		
New Registered Office Address:		(Florida street address)
		, Florida
_	(City)	(Zip Code)
New Registered Agent's Signature, if changing Relatively accept the appointment as registered agent.		ept the obligations of the position.
	Signature of New Res	gistered Agent, if changing
	Page 1 of 4	JAN 12 HASSEE
		P D 19

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)

Please note the officer/director title by the first letter of the office title:

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.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X.Change X.Remove X.Add	<u>V</u> <u>M</u>	hn Doe ike Jones Ily Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			N/A
Add			
Remove			
2) Change			
Add			
Remove			
3) Change		**************************************	
Add			
Remove			
4) Change			
Add			
Remove			
5)			
5) Change			<u> </u>
Add			
Remove			
6) Change			
Add			***************************************
Remove			

(attach additional sheets, if necessary). (Be specific)
Under Article III - Purpose - add the following statement: "No officer of Alabaster Box Christian Ministries, Inc., will
inure to benefit of its members, directors, or officers or any person or firm operating for profit or non-exempt purpose.
Upon dissolution, all assets of Alabaster Box Christian Ministries, Inc., are to be distributed to an organization for public or
charitable purpose, which is tax exempt under section 501(c)3 of the Internal Revenue Code; and does not come within
the definition of a religious corporation.

E. If amending or adding additional Articles, enter change(s) here:

	July 1, 2016	
	e date of each amendment(s) adoption:	, if other than the
late	e this document was signed.	
	'N/A	
Effe	ective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)	
	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will rement's effective date on the Department of State's records.	not be listed as the
Ado	option of Amendment(s) (<u>CHECK ONE</u>)	
	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 January 10, 2017	
	Signature Tunna Have	<u>.,=</u>
	(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)	
	Twanna House	
	(Typed or printed name of person signing)	
	Executive Administrator	
	(Title of person signing)	