N11000003279

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EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: SOUL WINNING FOR CHRIST MINISTRIES, INC.					
DOCUMENT NUMB	BER: N11000003279				
The enclosed Articles	of Amendment and fee are subr	nitted for filing.			
Please return all correspondence concerning this matter to the following:					
-		IIEL EASON			
	(Name of C	Contact Person)			
	SOUL WINNING FOR		INC.		
	(Firm/	Company)			
70.4	1811 WASHINGTON AVE.				
	(A	idress)			
	OPALOCI	KA FL. 33054			
	(City/ State	and Zip Code)			
cogiclionofjudah@yahoo.com E-mail address: (to be used for future annual report notification)					
For further information	concerning this matter, please	call:			
NATHANIEL EASO	ON	at (305) 960-7	7278		
(Name o	f Contact Person)	(Area Code & Da	ytime Telephone Number)		
Enclosed is a check for	the following amount made page	vable to the Florida Departn	nent of State:		
	☐ \$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)		
Malling Address Amendment Section		Street Address Amendment Section			
Division of Corporations		Division of Corpor Clifton Building	rations		
P.O. Box 6327 Tallahassee, FL 32314		2661 Executive Ce Tallahassee, FL 32			

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Articles of Amendment to Articles of Incorporation

Articles of Incorporation
of ,
Soul Winning For Christ Ministers, Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)
N1100000 3279
(Document Number of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopt the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation;

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the

Enter new principal office address, if applicable: incipal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NOV 28	ADER OF COM STATE
If amending the registered agent and/or registered office new registered agent and/or the new registered office ad		

Name of New Registered Agent:

NATHANIEL EASON

1811 WASHINGTON AVE

New Registered Office Address:

(Florida street address)

OPALOCKA, 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

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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	<u>Name</u>	Address	Type of Action			
<u>A</u>	DELORES GARNER	1811 WASHINGTON AVE				
		OPALOCKA FL 33054				
<u>D</u>	EUGENE GARNER	1811 WASHINGTON AVE	_ D Add			
		OPALOCKA, FL. 33054				
<u>D</u>	DELORES GARNER	1811 WASHINGTON AVE	_			
		OPALOCKA, FL. 33054	☑ Remove			
E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)						
						
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The date of each amendment(s) adoption:	
	10-14-11	(date of adoption is required)
	(no more	than 90 days after amendment file date)
Adoption of Amendment(s)	(CHE	CK ONE)
The amendment(s) was/were was/were sufficient for appro		nembers and the number of votes cast for the amendment(s)
There are no members or m adopted by the board of dire		vote on the amendment(s). The amendment(s) was/were
have	the chairman or vi	cechairman of the board, president or other officer-if directors I, by an incorporator – if in the hands of a receiver, trustee, or fiduciary by that fiduciary)
	(Турс	ELEAZAR CAMARGO ed or printed name of person signing)
		VICE PRESIDENT
		(Title of person signing)

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