N11000005154

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SECRETARY OF STATE OF VISION OF CORPORATIONS

Amend 10/15/11



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 6, 2011

JEANETTE M. GRAHAM 2ND MAILING NEW DIRECTION CHRISTIAN COUNSELING 7540 103RD STREET - SUITE 103 JACKSONVILLE, FL 32210

SUBJECT: NEW DIRECTION CHRISTIAN COUNSELING OUTREACH

CENTER, INC

Ref. Number: N11000005154

We have received your document for NEW DIRECTION CHRISTIAN COUNSELING OUTREACH CENTER, INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

PLEASE SUBMIT AND COMPLETE THE FORM IN ITS ENTIRETY.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 711A00026969

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ALL'AILASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 1, 2011

JEANETTE M. GRAHAM NEW DIRECTION CHRISTIAN COUNSELING 8540 103RD STREET - SUITE 103 JACKSONVILLE, FL 32210

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Irene Albritton Regulatory Specialist II

Letter Number: 711A00026969



TO: Amendment Section
Division of Corporations DIRECTIONS CHRISTIAN
Division of Corporations NEW DIRECTIONS CHRISTIAN NAME OF CORPORATION: COUNSELING OUTBEACH CENTER
DOCUMENT NUMBER: N1100000 5154
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Teanette M. Graham (Name of Contact Person)
Now Direction Christian Chenseling outreach Center
7540 103 Rd. Street, Suite 103
Jacksonulle, Handa 32210
(City/ State and Zip Code) (City/ State and Zip Code) E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tranefle M. Graham at 904,534-0298 (Area Code & Daytime Telephone Number)
Enclosed is a-check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee \$\sum_{\text{\$43.75}}\$ Filing Fee & \$\sum_{\text{\$43.75}}\$ Filing Fee & \$\sum_{\text{\$52.50}}\$ Filing Fee & \$\sum_{\text{\$Certificate of Status}}\$ Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed)

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

of U(APS) ACA
NEW DIRECTIONS CHRISTIAN CENTER INC
(Name of Corporation as currently filed with the Florida Dept. of State)
(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:
A. If amending name, enter the new name of the corporation:
TDV/A N/A B SS
The new hame must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation " 975" ("Corp." or "Inc." "Company" or "Co." may not be used in the name.
B. Enter new principal office address, if applicable:
Principal office address MUST BE A STREET ADDRESS)
<u> </u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
D. 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:
Name of New Registered Agent:
(Florida street address)
New Registered Office Address:
, Florida
(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:
hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.
\sim

Page 1 of 4

Signature of New Registered Agent, if changing

If AMENDING the Officers and/or Directors, please list all officers/directors of the corporation as you now want the record to be. Please indicate the title(s), name and address for each officer/director.

(Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them on an additional sheet.)

<u>Title(s)</u>	- -	Name /		Address	<u> </u>
2)	-		_ 		_ _
3)					<u> </u>
4)					_ _ _
5)			 		
6)			- =		
<u>If REMOVI</u>	NG an officer	and/or director, please list the	title(s) and n	ame of the officer/director to be remo	ved:
Title(s)	<u>Name</u>	100	Title(s)	<u>Name</u>	
1)		NE	4)		_
2)			5)		_
2)			()		

attach additional sh	and, if necessary				
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The date of each amendment(s) add	intion: ///28/20/
Effective date <u>if applicable</u> :	
<u>'</u>	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were add was/were sufficient for approval	opted by the members and the number of votes cast for the amendment(s)
There are no members or member adopted by the board of director	ers entitled to vote on the amendment(s). The amendment(s) was/were s.
Dated	11/28/2011
Signature	
	nan or vice chairman of the board, president or other officer-if directors a selected, by an incorporator – if in the hands of a receiver, trustee, or
	oppointed fiduciary by that fiduciary)
	Typed or printed name of person signing)
Dive	(Title of person signing)

Page 4 of 4