## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000152428 3)))



H110001524283ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : CSH SERVICES, LLC

Account Number : I20C7000016C
Phone : (80C)494-3124

Fax Number : (561)455-9885

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

1 JUN -8 AH 8: 17 SECIKETAKY OF STATI

## COR AMND/RESTATE/CORRECT OR O/D RESIGN HIS MINISTRY OF RESTORATION INC.

Certificate of Status	O C
Certified Copy	0
Page Count	<b>93</b> 04
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

6/9/11 Dc

H11000152428 3

## Articles of Amendment to Articles of Incorporation

HIS MINISTRY (	OF RESTOR	ATION INC.		
(Name of Corporation as curr	ently filed with t	he Florida Dept, of St	ate)	
N11	000005361			
(Document Nu	mber of Corporati	on (if known)		
Pursuant to the provisions of section 617,1006 the following amendment(s) to its Articles of I	, Florida Statutes, ncorporation:	this <i>Florida Not For P</i>	rost Corporation	adopts
A. If amending name, enter the new name of	of the corporation	<u>.</u>		
The new name must be distinguishable and abbreviation "Corp." or "Inc." "Company"	contain the word or "Co." may not	"corporation" or "inc he used in the name.	orporated" or the	
B. Enter new principal office address, if ap-		<del></del>	<u> &gt;0;</u>	<u>حيب</u>
(Principal office address MUST BE A STREE	ET ADDRESS )			مد پ
			五百	$\geq$
			35	ထ
C. Enter new mailing address, if applicable			70	
(Malling address MAY BE A POST OFF)	(CE BOX)			<del>-</del> (
				2
			 سارت	, •
D. If amending the registered agent and/or new registered agent and/or the new reg	registered office istered office add	address in Florida, en ress:	ter the name of th	<u>Q</u>
New Registered Office Address:	(Florid	ia street address)	_	
		(City)	, Florida (Zip Code)	
			(zip Godd)	
New Registered Agent's Signature, if change I hereby accept the appointment as registere position.	ing Registered Ag d agent. I am f	<u>tent:</u> amiliar with and accep	pt the obligations	of the
	Signature of New .	Registered Agent, if cho	anging	

Page 1 of 3

H11000152428 3

|

H11000152428 3

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	<u>Address</u>	Type of Action	
DVP	MARK RICHARDSON	4163 56TH LANE VERO BEACH FL 32987	Add Z Remove	
			Add Remove	
E. If amen (attach a	ding or adding additional Articles, endditional sheets, if necessary). (Be s	nter change(s) here: pecific)		
<del>,.</del> .				

H11000152428 3

The date of each amendment(s) a	idention: 6/8/2011
	(date of adoption is required)
Effective date <u>Happlicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ad was/were sufficient for approval	opted by the members and the number of votes east for the amendment(s)
There are no members or members adopted by the board of director	bers entitled to vote on the amendment(s). The amendment(s) was/were
Dated_6/8/2011	
Signeture	ov Bill Menna
have not	chairman or vice chairman of the board, president or other officer-if directors these selected, by an incorporator—if in the hands of a receiver, trustee, or are appointed fiduciary by that fiduciary)
·	BILL KEARNEY
	(Typed or printed name of person signing)
_	DIRECTOR
	(Title of person signing)

Page 3 of 3