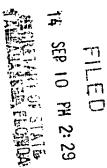
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(Rec	questor's Name)		
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PICK-UP	☐ WAIT	MAIL .	
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R. WHITE

COVER LETTER

TO: Amendment Section
Division of Corporations

Division of Corporations		
NAME OF CORPORATION: NEW COVE	NANT EYE	ES CHURCH, INC.
DOCUMENT NUMBER: N110000071	42	
The enclosed Articles of Amendment and fee are submit	ted for filing.	
Please return all correspondence concerning this matter t	o the following:	
ALAN BONDAR		
(1)	Name of Contact Perso	on)
NEW COVENANT EYES	CHURCH	I, INC.
	(Firm/ Company)	
P.O. BOX 61704		
· · · · · · · · · · · · · · · · · · ·	(Address)	
FORT MYERS, FL 33906	}	
(C	City/ State and Zip Coo	de)
ALAN@NEWCOV		
E-mail address: (to be used for	•	notification)
For further information concerning this matter, please ca		
ALAN BONDAR	_{at (} 239	898-5388
(Name of Contact Person)		Code & Daytime Telephone Number)
Enclosed is a check for the following amount made paya	ble to the Florida Dep	partment of State:
■ \$35 Filing Fee	\$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 Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amer Divis Clifto 2661	t Address Idment Section Idment Section Idment Section Idment Section In Building Executive Center Circle In 1986. FL 32301

Articles of Amendment to Articles of Incorporation

of

(Document Number of Corporation (if known)

FILED 14 SEP 10 PH 2: 29

NEW COVENANT EYES CHURCH, INC.

MENETALY OF STATE

٠.,

(Name of Corporation as currently filed with the Florida Dept. of State) N1100007142

Pursuant to the provisions of section 617.16 amendment(s) to its Articles of Incorporation		s, this <i>Florida Not For I</i>	Profit Corporation adopts the following	lowing
A. If amending name, enter the new nan LIFT CHURCH, INC.	ne of the corporati	on:	Tř	he new
name must be distinguishable and contain	the word "corporat	ion" or "incorporated"	or the abbreviation "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		8141 COLL	EGE PKWY	
		FORT MYE	RS, FL 33919	
C. Enter new mailing address, if application (Mailing address MAY BE A POST Of the Mailing address of the Mailing address of the Mailing address of the Mailing address of the Mailing address, if application (Mailing address) address of the Mailing address of th	<i>FFICE BOX</i>) /or registered offic	ce address in Florida, ei	nter the name of the	
new registered agent and/or the new	registered office a ALAN BONE			
Name of New Registered Agent:		RVARD AVE	•	
New Registered Office Address:	FORT MY	(Florida street address) /ERS	, Florida 33907	
	(City)		(Zip Code)	
New Registered Agent's Signature, if che I hereby accept the appointment as register.	red agent. I am fa			

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>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	<u>T</u>	BRENNAN E. COURTWRIGHT	14369 REFLECTION LAKES DR
Add			FORT MYERS, FL 33907
X Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			Life Ages 1198

attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
-	
	
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	ate of each amendment(s) adoption:nis document was signed.	, if other than the
Effect	ive date <u>if applicable</u> : (no more than 90 days after amendment file date)	
Adopt	tion of Amendment(s) (CHECK ONE)	
	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.	
	Signature (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) Lead Pastor (Title of person signing)	