11/2000 7930

	(Requestor's Name)	
	(Address)	···- <u>-</u>
((Address)	
	City/State/Zip/Phone #	⊭)
PICK-UP	WAIT	MAIL
(Business Entity Name	<u> </u>
((Document Number)	./
Certified Copies $_{oldsymbol{ u}}$	Certificates o	of Status
Special Instructions	to Filing Officer:	
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		.
	Office Use Only	



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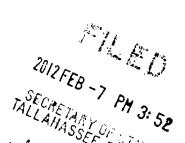
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: <u>ENCIRC</u>	Led IN the Word IN	ternational Outreach
DOCUMENT NUMBER: NICOCO	7930	MINISTRIES LNC.
The enclosed Articles of Amendment and fee at		
Please return all correspondence concerning this	s matter to the following:	
	-	
GENIE CALLOWA	14	
(Nai	me of Contact Person)	
•		
	(Firm/ Company)	
1346-B S. Ac	AMS St. (Address)	
TALLAHASSEE (City	F 3230 V/ State and Zip Code)	
ENCIPCIED IN THE WEST CONTROL OF THE PROPERTY	Wed @ YAhwo. COM De used for future annual report notifi	ication)
For further information concerning this matter,	please call:	
GENIE CALLOWAY (Name of Contact Person)	at (ZZ9) ZZ/ (Area Code & Days	-7232 time Telephone Number)
Enclosed is a check for the following amount m	nade payable to the Florida Departme	ent of State:
□ \$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status		\$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	Street Address Amendment Section Division of Corpora Clifton Building 2661 Executive Cen	tions

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation



(of AMASSEE OF THE
EXCIPCIED WHIE WORD TATERA (Name of Corporation as currently file	NATIONAL CUTREACH MINISTRIES TICLORY
	Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida 5 the following amendment(s) to its Articles of Incorporat	Statutes, this <i>Florida Not For Profit Corporation</i> adopts ion:
A. If amending name, enter the new name of the cor	poration:
ANOTHER CHANCE ENCIRCLED IN the Word The new name must be distinguishable and contain the abbreviation "Corp." or "Inc." "Company" or "Co."	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	RESS) TALLAHASSEE, Fl. 32301
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	
D. If amending the registered agent and/or registere new registered agent and/or the new registered of Name of New Registered Agent:	
New Registered Office Address:	(Florida street address)

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

(City)

(Zip Code)

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>	<u>Address</u>	Type of Action
TREASURER	LONZO BECKWITH	19 PuEDO TRI CRAWFORDUILE, F1.3232	Add Remove
TREASURER	Abby Branton	IDI Chippewa Ct. Havana, El 32333	Add _ □ Remove
			
		·····	
	ng or adding additional Articles, en ditional sheets, if necessary). (Be sp		
		 	
•			
			
*			
-			
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The date of each amendment(s) adoption:
Effective date <u>if applicable</u> : FEb, 7, 2012
(no more than 90 days after amendment file date)
Adoption 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 direct have not been selected, by an incorporator – if in the hands of a receiver, trusted other court appointed fiduciary by that fiduciary)
(Typed or printed name of person signing)
(Title of person signing)

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