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Certified Copies	Certificates	of Status
Special Instructions to F	aling Officer:	
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17 DEC 26 PH 2: 49

R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATIO	One Way Ministries, ON:	Corp.		
	N11000011040			
DOCUMENT NUMBER:				· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of Am	endment and fee are subm	itted for filing.		
Please return all corresponde	nce concerning this matter	to the following:		
Sean McClafferty, ED				
	(Name of Contact Person	n)	
One Way Ministries, Corp.				
		(Firm/ Company)		
42 Grand Myrtle Dr.				
		(Address)		
Ponte Vedra, FL 32081				
	(City/ State and Zip Coo	ie)	
seantink l@yahoo.com				
E	-mail address: (to be used t	or future annual report	notification)
For further information conc	erning this matter, please c	all:		
Scan McClafferty		9(at)4	803.2652
	(Name of Contact Person)			(Daytime Telephone Number)
Enclosed is a check for the fo	ollowing amount made pay	able to the Florida Dep	artment of S	State:
□ \$35 Filing Fee	■\$43.75 Filing Fee & C Certificate of Status	3\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	Diffing Fee cate of Status ed Copy is sed)
Mailing A	ddress	Street	Address	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

FILED

MOEC 26 PH 2: 48

One Way Ministries, Corp.		TALLANA
(Name of Corporation as c	urrently filed with the f	lorida Dept. of State)
N11000011040		
(Decument	Number of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this <i>Florida Not</i>	For Profit Corporation adopts the following
A. If amending name, enter the new name of the cor	poration:	
The Way Corporation		The new
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	rporation" or "incorpor	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDI</u>	RESS) N/A	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	o/A	
D. If amending the registered agent and/or registere new registered agent and/or the new registered o	ffice address:	da, enter the name of the
Name of New Registered Agent:	NIA	
New Registered Office Address:		(Florida street address)
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I		ept the obligations of the position.
	Signature of New Re	gistered Agent, if changing

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>S</u> V	John Doe Mike Jones Sally Smith	NA	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		Address
1) Change	 -			
Add				
2) Change			<u>.</u>	
Add				
3) Change Add				
Remove				
4) Change				
Add				
5) Change				
Add				
6) Change				
Add				

E. If amending or adding additional Arti	cles, enter change(s) here:
(attach additional sheets, if necessary).	(Be specific)
NA	
424	
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The date of each amendment(s) adoption: date this document was signed.	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records	: listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and the number of votes east 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.	
Dated 12-20-17	
Signature — CM Cyl	-
(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)	
SEAN C. MCCLAFFERM	
(Typed or printed name of person signing)	
EXECUTIVE DIRECTOR	

(Title of person signing)