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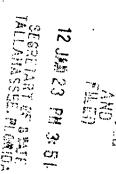
(F	Requestor's	Name)	
· (A	(ddress)		·
· (A	Address)		
(0	City/State/Zip	o/Phone #)	
PICK-UP	□ w	AIT	MAIL
(E	Business En	tity Name)	
(0	Ocument N	umber)	
Certified Copies	Ceri	tificates of	Status
Special Instructions to	o Filing Offic	cer:	

Office Use Only



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COVER LETTER

14.5

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Restoratio	n Christian Counseling Services Inc.
DOCUMENT NUMBER: N1200000	-
The enclosed Articles of Amendment and fee are su	
Please return all correspondence concerning this ma	atter to the following:
Daniel D. Fis	
	(Name of Contact Person)
Restoration Christian C	ounseling Services Inc.
1605 Fredrica Dr.	(Firm/Company)
	(Address)
Orlando, Fl. 32812	Carrier, and the
	(City/ State and Zip Code)
dfis001@yahoo.	com
E-mail address: (to be use	ed for future annual report notification)
For further information concerning this matter, pleas	se call:
Daniel . Fis	321 <u>228-3800</u>
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount made p	payable to the Florida Department of State:
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status Certificate of Certificate Of Status Certificate Of S	
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

	tly filed with the F	lorida Dept. of State)		
N12000000305				
(Docume	ent Number of Corpo	ration (if known)	 	_
rsuant to the provisions of section 617 nendment(s) to its Articles of Incorpora		tes, this <i>Florida Not For</i>	Profit Corporation adopts the	e followi
If amending name, enter the new n	ame of the corpora	tion:	•	
ransformation Christiar	n Counseling	Services In C		The ne
me must he distinguishable and contai		ation" or "incorporated	" or the abbreviation "Corp."	
Company" or "Co." may not be used i	n the name.	,		
. Enter new principal office address,		<u>n/a</u>		_
rincipal office address <u>MUST BE A S</u>	STREET ADDRESS	i)		
			<u> </u>	
				_
Enter new mailing address, if appl	icable:	,		
(Mailing address MAY BE A POST		n/a		_
				_
If amending the registered agent as	nd/or registered off	ice address in Florida .e	enter the name of the	•••
If amending the registered agent ar new registered agent and/or the ne			enter the name of the	
new registered agent and/or the ne	w registered office		enter the name of the	,
	w registered office		enter the name of the	
new registered agent and/or the ne	w registered office	address:	enter the name of the	-
Name of New Registered Agent:	w registered office		enter the name of the	
new registered agent and/or the ne	w registered office	address:		- ,
Name of New Registered Agent:	w registered office	address: (Florida street address)	enter the name of the , Florida(Zip Code)	·

Page 1 of 4

Signature of New Registered Agent, if changing

12 JAN 23 PH 3: 51

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: XChange	<u>PT</u>	John D	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	ones	
X Add	<u>SV</u>	Sally S	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change Add Remove		_		
2) Change Add Remove				
3) Change Add Remove				
4) Change Add Remove		_		
5) Change Add Remove		_		
6) Change Add Remove		_		

E. If amending or adding additional Arti- (attach additional sheets, if necessary).	(Be specific)	
n/a		
		
, , , , , , , , , , , , , , , , , , , ,		
-		
		

he date of each amendmen	t(s) adoption: U1/2U/2U Z
ffective date <u>if applicable</u> :	01/20/2012
incerne date <u>ir apprecasie</u> .	(no more than 90 days after amendment file date)
doption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/was/were sufficient for a	were adopted by the members and the number of votes cast for the amendment(s) pproval.
There are no members or adopted by the board of	r members entitled to vote on the amendment(s). The amendment(s) was/were directors.
Dated	
Signature	
have	e chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)
Daniel	D. Fis
Daniel	D. 1 13