N12000002177

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T. LEWIS

COVER LETTER

TO: Amendment Section Division of Corporations Centro de Rehabilitacion Cristiano Nuevo Amanecer Inc. NAME OF CORPORATION: N.12000002177 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Rev.lvis A. Garcia (Name of Contact Person) Igl. Movimiento Misionero Evangelistico (Firm/ Company) 5902 Seaboard ave. (Address) Jacksonville, Fla. 32244 (City/ State and Zip Code) Emanuelman9@aol.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Emanuel Garcia Vasquez 321 (Name of Contact Person) Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & \$52.50 Filing Fee

Certified Copy

enclosed)

(Additional copy is

Mailing Address

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

Certificate of Status

Street Address

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

Certificate of Status

(Additional Copy is

Certified Copy

Enclosed)

Articles of Amendment Articles of Incorporation

FILED

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Centro de Rehabilitación Cristiano Nuevo Amanecer Im-

(Name of Corporation as currently filed with the Florida Dept. of State) N.12000002177 (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp," or "Inc." "Company" or "Co." may not be used in the name. 5902 Seaboard ave. B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>) Jacksonville, Fla. 32244 C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: (Florida street address) New Registered Office Address: , Florida (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I appfartifier with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Page 1 of 4

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.

<u>X</u> Change	<u>PT</u> <u>John</u>	n Doe	
X Remove	V Mik	te Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) <u>×</u> Change Add Remove	President	Rev.lvis A. Garcia \ Rev. Eliot M.Garcia	1850 Manirtoba ct.n Middleburg fla.32068
2) <u>×</u> Change Add Remove	V.P	Emanuel Garcia Vasquez/ Mariel Feliciano	2973 Guava ct. Middleburg.Fla.32068
3) × Change Add Remove	Treasury	Mariel Feliciano	2973 Guava Ct, Midleburg,Fla.32068
4) Change Add Remove	Secretary	Mariely Garcia	5170 collins Rd.#2205 Jacksonville,Fla.32244
5) Change Add Remove			
6) Change Add Remove			

ttach additional sheets, if necessary).	icles, enter change(s (Be specific)			
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The date of each amendment(s) adoption: 3/5/2012						
Effective date <u>if applicable</u> :						
(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.						
Dated 3/5/2017 Signature Supplied 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)						
Emanuel Canco Varia (Typed or printed name of person signing)						
hegen ant-ceo						
(Title of person signing)						