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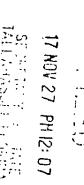


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R. WHITE

REDV 2.8 2017



COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: BREAD OF LIFE WORLD MISSIONS INC. DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: TIMOTHY S FOGART Name of Contact Person Firm/ Company 9230 SCEPTER AVE Address BROOKSVILLE, FL 34613 City/ State and Zip Code FOGARTYFINANCIAL34609@GMAIL.COM E-mail address: (to bejused for future annual report notification) For further information concerning this matter, please call: TIMOTHY S. FOGARTY Area Code & Daytime Telephone Number 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 Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

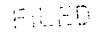
Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Articles of Amendment to Articles of Incorporation of



17 HOV 27 PH 12: 07

SE SEIN SE CAME TALLAHASAR FLORIDA

BREAD OF LIFE WORLD MISSIONS INC. (Name of Corporation as currently filed with the Florida Dept. of State) N12000002512 Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida 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," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 16125 SHADY HILLS ROAD B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) SPRING HILL, FL 34610 C. Enter new mailing address, if applicable: 16125 SHADY HILLS ROAD (Mailing address MAY BE A POST OFFICE BOX) SPRING HILL, FL 34610 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: TIMOTHY S FOGARTY Name of New Registered Agent 9230 **SC**EPTER AVE (Florida street address) , Florida_ 34613 BROOKSVILLE New Registered Office Address: (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered gaent. I am familiar with and accept the obligations of the position.

Signature of New Registered

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	<u>PT</u>	John Doe		
X Remove	<u>V</u>	Mike Jones		
<u>X</u> Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>		<u>Addres</u> s
1) Change	D	lid Mi C HA	AEL YOUNG	17488 MACY ROAD
X Add				WEEKI WACHEE, FL 34614
Remove				
2) X Change	D	STEVE	EN E SMILEY	3460 EAGLENEST DRIVE
Add				HERNANDO BEACH, FL 34607
Remove				
3) X Change	VP	TIMO	THY S FOGARTY	9230 SCEPTER AVE
Add				BROOKSVILLE, FL 34613
Remove				
4) Change				<u> </u>
Add				
Remove		-		· · · · · · · · · · · · · · · · · · ·
5) Change				
Add				
Remove				
6) Change			1.	
Add				
Remove				

. If amending or adding additional Art	iclestenter change(s) here:
(Attach additional sheets, if necessary).	(Be specific)
	N
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	101 m
•	
If an amendment provides for an exch	nanges reclassification, or cancellation of issued shares.
provisions for implementing the ame	nange reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	
	
	- 10.1 10.1

The date of each amendment(s) adoption:	11/24/17	, if other than the
date this document was signed.	11/01/10	
Effective date if applicable:	11/04/1/	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not document's effective date on the Department of S	t meet the applicable statutory filing requirements, this date will state's records.	not be listed as the
Adoption of Amendment(s) (<u>CH</u>	CK ONE)	
☐ The amendment(s) was/were adopted by the sby the shareholders was/were sufficient for a	hareholders. The number of votes cast for the amendment(s) pproval.	
	shareholders through voting groups. The following statement croup entitled to vote separately on the amendment(s):	
"The number of votes cast for the amen	ment(s) was/were sufficient for approval	
hv		
(või	ng group)	
The amendment(s) was/were adopted by the action was not required.	oard of directors without shareholder action and shareholder	
	ncorporators without shareholder action and shareholder	
action was not required. Dated	17	
Signature (By a director, press)	innor other officer – if directors or officers have not been	_
selected, by an inco	porator – if in the hands of a receiver, busiee, or other court	
appointed fiduciary	by that fiduciary)	0
	(MOTHY S. FOGARI)	<i>/</i>
()	Nped or printed name of person signing)	
	Ice resdow	
	(Title of person signing)	