N1200004965

(Requestor's Name)		
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(Cit	ty/State/Zip/Phone	e #)
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(Do	ocument Number)	
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COVER LETTER

Division of Corporations NAME OF CORPORATION: NEW Day Ministries Int'L Inc N 12000004965 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: New Day Muristries Int'L Inc. 2295 SE S C+ Homerfead, F1 33033 (City/ State and Zip Code) E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at <u>786 - 413 - 6958</u> (Area Code) (Daytime Telephone Number) 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

TO: Amendment Section

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 '

New Pay Mistrie	y filed with the Florida Dept. of State)	The last the	
(Name of Corporation as current	y filed with the Florida Dept. of State)	a pm 4:28	
NIZO	0000 4965 16 A	PR -8 PM 4: 28	
(Document Numbe	of Corporation (if known) SEC	RETARY OF STATE AHASSEE, FLORIDA	
Pursuant to the provisions of section 617.1006, Florida Statutes amendment(s) to its Articles of Incorporation:	this Florida Not For Profit Corporation add	pts the following	
A. If amending name, enter the new name of the corporation	<u>n:</u>		
name must be distinguishable and contain the word "corporati	10 Zoe Inc.	The new	
name must be distinguishable and contain the word "corporati "Company" or "Co." may not be used in the name.	on" or "incorporated" or the abbreviation "C	Corp." or "Inc."	
B. Enter new principal office address, if applicable:	22955E5 Co	014	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Homestead, 71 =	33033	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2295 SE 9	i Court	
	Homestead, 7	1 33033	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad			
new registered agent and/or the new registered office ad	uress.		
Name of New Registered Agent:	N/ A		
	(Florida street address)		
New Registered Office Address:			
	, Florida _		
	(City) (Zip Co	ide)	
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am fam	gent: iliar with and accept the obligations of the po	sition.	
Sig	nature of New Registered 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>V</u> <u>Mik</u>	n Doe e Jones y Smith	NX		
Type of Action (Check One)	Title	Name	(' '	<u>Addres</u> s	
1) Change					
Add					
Remove					
2) Change					
Add					
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3) Change					
Add					
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5) Change	•			 	
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Remove					
6) Change					
Add					
Remove					

attach additional sheets, if n	tional Articles, enter change(s) here: ecessary). (Be specific)	
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The date of each amendment(s) add	option:	, if other than the
date this document was signed.		•
Effective date <u>if applicable</u> :	. , \	
	(no more than 90 days after amend	dment file date)
Note: If the date inserted in this bloc locument's effective date on the Dep		filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add was/were sufficient for approval	opted by the members and the number of	votes cast for the amendment(s)
There are no members or members adopted by the board of director	ers entitled to vote on the amendment(s).	The amendment(s) was/were
Dated03/	/30/16	
Signature(By the chairm	nan or vice chairman of the board, presid	lant or other officer, if directors
have not been	n selected, by an incorporator – if in the ppointed fiduciary by that fiduciary)	
	Eywin M E (Typed or printed name of	Scolous person signing)
	Pieside (Title of persor	ent