N1200006374

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C. LEWIS

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EXAMINER

COVER LETTER

Division of Corporations					
NAME OF CORPORATION: McGriff C	out Reach, I	nc.			
DOCUMENT NUMBER: N12000006	374				
The enclosed Articles of Amendment and fee are sub-	mitted for filing.				
Please return all correspondence concerning this matter to the following:					
Priscilla McGriff					
	(Name of Contact Person	1)			
Agents of Faith, Inc.					
	(Firm/ Company)				
801 Arlington Cir					
	(Address)				
Quincy, Florida 32351					
	(City/ State and Zip Code	e)			
pdmcgriff@excite					
E-mail address: (to be used	•	notification)			
For further information concerning this matter, please					
Priscilla McGriff	_{at} (850	556-4317			
(Name of Contact Person)		ode & Daytime Telephone Number)			
Enclosed is a check for the following amount made pa	yable to the Florida Depa	entment of State:			
■ \$35 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section on of Corporations Building xecutive Center Circle assee, FL 32301			

Articles of Amendment to Articles of Incorporation of



13 NOV 27 PH 1:21 McGriff Out reach, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) SECRETARY OF STATE N12000006374 PALLAHA STE H.OMOM (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: Agents of Faith Outreach, Inc. 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. 801 Arlington Cir B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Quincy, Florida 32351 C. Enter new mailing address, if applicable: P O Box 1294 (Mailing address MAY BE A POST OFFICE BOX) Quincy, Florida 32353 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 (Zip Code) New Registered Agent's Signature, if changing Registered Agent:

Page 1 of 4

Signature of New Registered Agent, if changing

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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	PT John Do Y Mike Jo SV Sally Sı	enes	
Type of Action (Check One)	<u>Title</u>	Name	Address
l) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove		•	
Characa			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

amending or adding additional Artitach additional sheets, if necessary).	(Be specific)
	
	
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The date of each amendment date this document was signed		27, 2013 if other than the
Effective date <u>if applicable</u> :	$\frac{11/27/20/3}{\text{(no more than 90 days after amendment)}}$	13 NOV 27 PH 1: 21
Adoption of Amendment(s)	(CHECK ONE)	SECRETARIO STATE TALL ATTRESPECTATION
The amendment(s) was/w was/were sufficient for ap	ere adopted by the members and the number of votes oproval.	s cast for the amendment(s)
There are no members or adopted by the board of c	members entitled to vote on the amendment(s). The lirectors.	amendment(s) was/were
Dated	11/27/2013 risciela D. Freshu	H
(By the	chairman or vice chairman of the board, president on not been selected, by an incorporator — if in the hands court appointed fiduciary by that fiduciary)	
PRI	SCILLA D. MCGRIFF	
_R	(Typed or printed name of person signing) (Title of person signing)	