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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Agents of Fa	aith Outre	each, Inc.
DOCUMENT NUMBER: N1200000637	4	
The enclosed Articles of Amendment and fee are submitted	for filing.	
Please return all correspondence concerning this matter to the	he following:	
Priscilla McGriff		
(Nan	ne of Contact Person	n)
Agents of Faith Outreach, I	lnc.	
(Firm/ Company)	
801 Arlington Cir		
	(Address)	
Quincy, Florida 32351		
(City,	/ State and Zip Code	>)
pdmcgriff@excite.co		
E-mail address: (to be used for fi	uture annual report i	notification)
For further information concerning this matter, please call:		
Priscilla McGriff	a. 850	556-4317
(Name of Contact Person)	(Area Co	ode & Daytime Telephone Number)
Enclosed is a check for the following amount made payable	to the Florida Depa	rtment of State:
	3.75 Filing Fee & rtified Copy dditional copy is closed)	©\$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	Address ment Section n of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

FILED

Agents of Faith Outreach, Inc.

15 JAN 27 PH R: 05

(Name of Corporation as currently filed with the Florida Dept. of State)
N1200006374

(Document N	umber of Corpora	ion (if known)			
rsuant to the provisions of section 617.1006, Flonendment(s) to its Articles of Incorporation:		_		ion adopts the follow	ring
If amending name, enter the new name of the	<u>ie corporation:</u> /	therts 9	Jail 6	wheach.	Que,
lible Believers Fellowship , a mi	nistry of Ag	ents of Fait	h Outreach	The stry of 194	
me must be distinguishable and contain the wor				- Ine n	: " G
Company" or "Co." may not be used in the nam	<u>1e</u> .	www.ps.w.s		F	
	a ·				
Enter new principal office address, if applic rincipal office address <u>MUST BE A STREET</u>					
-	·				
	 				
Enter new mailing address, if applicable:					
(Mailing address <u>MAY BE A POST OFFICE</u>	<u>BUX</u>)				
					
		-			
					
If amending the registered agent and/or reg			enter the name o	of the	
new registered agent and/or the new registe	red office addres	<u>s:</u>			
Name of New Registered Agent:					
	(Florid	a street address)			
New Registered Office Address:					
			, Florida		
	(City)			(Zip Code)	
	D 14 14				
ew Registered Agent's Signature, if changing hereby accept the appointment as registered age			a 11: 2	Cal	

Page 1 of 4

Signature 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>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s
1) Change				
Add			_	
Remove			-	
2) Change		·		
Add			-	- AMMONTO VERSE 1
Remove			_	
3) Change				
Add			_	
Remove			-	
4) Change				
Add			-	
Remove			-	
5) Change			 	
Add			.	
Remove			-	
6) Change				
Add				
Remove			<u>-</u>	

attach additional sheets, if necessary	y). (Be specific	<i>)</i>			
· · · · · · · · · · · · · · · · · · ·					
			* *****		
				.	
	 				
		····			

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The date of each amendment(s) adoption: date this document was signed.	_, if other than the
Effective date if applicable: (no more than 90 days after amendment file date)	
(no more many so days agree, amenament que 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 27/1/2015	
Signature Dock of McMille	_
(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)	
PRISCILLA MCGRIFF	
. (Typed or printed name of Jerson signing) Wella Delay	
(Title of person signing)	