N130000002850

(Re	equestor's Name)	
(Ad	Idress)	
(Ac	ddress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		<u> </u>

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4 18/13

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: MYDELIGH	HT'S CHRISTIAN BIBLE SCHOOLS, INC
DOCUMENT NUMBER: N13	000002850
The enclosed Articles of Amendment and fee are	submitted for filing.
Please return all correspondence concerning this m	natter to the following:
E/	VONITA JOHNSON
	(Name of Contact Person)
MYDELIGHT'S CHRIS	TIAN BIBLE SCHOOLS, INC.
	(Firm/ Company)
2231 SI	PES AVENUE
	(Address)
SAN	FORD, FL 32771
	(City/ State and Zip Code)
favoratni	p4ever@cfl.rr.com
E-mail address: (to be u	used for future annual report notification)
For further information concerning this matter, ple	ease call:
EVONITA JOHNSON	_{at} 321 295-7566
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount made	e payable to the Florida Department of State:
\$35 Filing Fee \$\square\$	e & \$\sum_\$\$43.75 Filing Fee & Certificate of Status (Additional copy is enclosed) \$\sum_{\text{c}}\$\$ Certified Copy (Additional Copy is Enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Street Address Amendment Section Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

FILED

MYDELIGHT'S CHRISTIAN BIBLE SCHOOLS, INCO APR 11 PM 3: 28

(Name of Corporation as currently filed with the FI	lorida Dept. of State) State	Y HE STATE
N130000028	350 TALLAHASS	SECRE ARY OF STATE TALLAHASSEE, FLORIDA
(Document Number of Corpo	Pration (if known)	
Pursuant to the provisions of section 617.1006, Florida Statu amendment(s) to its Articles of Incorporation:	ites, this Florida Not For Profit Corporation adopts the follo	wing
A. If amending name, enter the new name of the corpora	ition:	
N/A	The	new
name must be distinguishable and contain the word "corpore" "Company" or "Co." may not be used in the name.	ation" or "incorporated" or the abbreviation "Corp." or "I	
B. Enter new principal office address, if applicable:	N/A	
(Principal office address <u>MUST BE A STREET ADDRESS</u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office		
Name of New Registered Agent: N/A		
New Registered Office Address:	(Florida street address)	
	, Florida	
(City,	(Zip Code)	
New Registered Agent's Signature, if changing Registered		
I hereby accept the appointment as registered agent. I am fo	amiliar with and accept the obligations of the position.	
Signature of New Regi	istered 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.

Example: X Change X Remove X Add	V <u>Mik</u>	n <u>Doe</u> e <u>Jones</u> y <u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	PS_	EVONITA JOHNSON	325 E. HIGHLAND STREET
Add			ALTAMONTE SPRINGS, FL
Remove			32701
2) Change	PSD	EVONITA JOHNSON	325 E. HIGHLAND STREET
X Add			ALTAMONTE SPRINGS, FL
Remove			32701
3) X Change	TD	TSHWANDA THOMAS	543 SUN RIDGE PL. UNIT 108
Add			ALTAMONTE SPRINGS, FL
Remove			32714
4) Change	<u>T</u>	TSHWANDA THOMAS	543 SUN RIDGE PL. UNIT 108
X	··		ALTAMONTE SPRINGS, FL
Remove			32714
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here:		
(attach additional sheets, if necessary). (Be specific)		
Article III 2 To include a Scholarship Fund which would enable us to receive		
donations so that we can use for students to attend our school.		
PLEASE ADD EIN 46-2368389		

The d	te of each amendment(s) adoption: 3/25/13
Effect	ve date if applicable: 3/25/13
	(no more than 90 days after amendment file date)
Adopt	on of Amendment(s) (CHECK ONE)
	ne amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) as/were sufficient for approval.
	here are no members or members entitled to vote on the amendment(s). The amendment(s) was/were dopted by the board of directors.
	Dated 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)
	EVONITA JOHNSON
	(Typed or printed name of person signing)
	DIRECTOR/PRESIDENT/SECRETARY/REGISTERED AGENT
	(Title of person signing)