N13000010113

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TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations
NAME OF CORPORATION: Living Proof Charities and Ministry, Inc
DOCUMENT NUMBER: N 1300010113
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Rick Ey Welch (Name of Contact Person)
LIVING Proof Charities and Ministry, Inc.
803 Old Winter Haven Rd. (Address)
Huburndals, Florida 33823 (City/ State and Zip Code)
E-mail address to be used for future annual port notification)
For further information concerning this matter, please call:
Rickey Welch at 863-934-0386 (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee S43.75 Filing Fee & S43.75 Filing Fee & Certificate of Status Certificate of Status (Additional copy is enclosed) S52.50 Filing Fee Certificate of Status Certificate of Status (Additional Copy is Enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

LIVING Proof Charifiss (Name of Corporation as currently filed with the Flor	and Ministry, Inc.	
	Ida Dept. of State)	
N13000010113		
(Document N	lumber of Corporation (if known)	
Pursuant to the provisions of section 617,1006, Florida Stamendment(s) to its Articles of Incorporation:	tatutes, this <i>Florida Not For Profit Corporation</i> add	opts the following
A. If amending name, enter the new name of the corp	oration:	
NA		The new
name must be distinguishable and contain the word "corp" Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDREST.	NA	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA	
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 off		, N
Name of New Registered Agent: N	//4	
tume by their neglinerea rigeni.		-
	(Florida street address)	<u> </u>
New Registered Office Address:	p Avida iver blive iv	· ~
	. Florida	
	(City) (Zip Co	ede)
New Registered Agent's Signature, if changing Registal hereby accept the appointment as registered agent. La		sition.
	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	PT John D V Mike J SV Sally S	ones	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change Add	<u>VP</u>	Autricial Welch	POBOX 1659 Aubundalz, FL 338.23
Remove Change Add	<u>VP</u>	Janet Birtley	PO BOX 1659 Aubunidals, F1 33823
Remove 3) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee		icles, enter change(s) here: (Be specific)	
NA			
-			

							
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The date of each amendment(s) adopti	nh:				if other than the		
date this document was signed.	····	.			, it office than the		
Effective date if applicable:							
Effective date <u>if applicable</u> : (no more than 9) days after amendment file date)							

<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)

(CHECK ONE)

The amendment(s) was/were adopted by the members and the number of votes east 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

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)

(Typed or printed name of person signing)

(Title of person signing)