## N/3000010857

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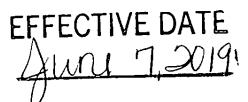
## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: STAND ON THE WORD MINISTRIES INC
DOCUMENT NUMBER: N13000010857
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
ESIE B ROBINSON (Name of Contact Person)
DC EO (Firm/ Company)
1894 Oakridge Road East
Tallahassee Florida 32305 (City/ State and Zip Code)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Elsie Robinson at 1850) 284 - 2685 (Name of Contact Person) (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 SCertificate of Status Certified Copy (Additional copy is enclosed)  S35 Filing Fee S43.75 Filing Fee Scertified Copy (Additional Copy is Enclosed)
Mailing Address Amendment Section  Street Address Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



STAND ON TH	E WORD MINISTRIE	S, INC.	
(Name of Corporation as curr	ently filed with the Flo	rida Dept. of State)	<del></del>
N13000	010857		
(Document Nu	mber of Corporation (if k	mown)	<del></del>
ursuant to the provisions of section 617.1006, Florida Stat mendment(s) to its Articles of Incorporation:	nutes, this Florida Not Fe	or Profit Corporation adop	ts the following
If amending name, enter the new name of the corpor	ration:		
			The new
me must be distinguishable and contain the word "corpo Company" or "Co." may not be used in the name.	ration" or "incorporate	d" or the abbreviation "Ca	orp." or "Inc."
Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRES</u>	<u></u>		
		<del></del>	<del> </del>
Enter new mailing address, if applicable:			761
(Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·	<u> </u>
	<del></del>		72
If amending the registered agent and/or registered o	ffice address in Florida	, enter the name of the	بر ن
new registered agent and/or the new registered offic			رم. م
Name of New Registered Agent:			ω
		· · · · · · · · · · · · · · · · · · ·	
		lorida street address)	
New Registered Office Address:		,	
<del></del>	(City)	Zip Cod	(e)
w Registered Agent's Signature, if changing Register ereby accept the appointment as registered agent. I am		t the obligations of the posi	tion.
	Signatury of Naw Posic	stered 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		Doc Jones Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s
i) Change Add Remove				759 Brooke Manor Dr Tullahassee FL 32311
2) Change Add	DCEO	Elsie	B. Robinson	1894 Dakridge Rd EAST Tailahassee, FL
Remove 3 ) Change Add Remove				32305
4) Change Add Remove				
5) Change Add				
Remove 6) Change Add Remove				

attach additional she	ng additional Areets, if necessary)	. (Be speci	fic)				
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The date of each amendment(s) adoption:    March   J019
Note: 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 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.
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)
Deborah 5tevens (Typed or printed name of person signing)
Secretary (Title of person signing)