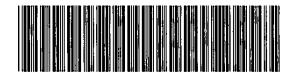
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COVER LETTER

TO: Amendment Section

Division of Corporations			
NAME OF CORPORATION: Healing Mercy Ministries Internations			
DOCUMENT NUMBER: N 14000002722			
The enclosed Articles of Amendment and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Archboishop Jean Alexander, DD, 08B (Name of Contact Person)			
Healing Mercy Ministries International, Inc.			
701 Pine Drive #106 (Address)			
(Address)			
Ompano Beach, FL 33060 (City/State and Zip Code)			
(City/ State and Zip Code)			
Dr Sean Alexander Egmail, com			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Archbishop Sean Alexander at 561-316-7236 (Name of Contact Person) (Area Code) (Daytime Telephone Number)			
(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:			
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) \$252.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)			
Mailing Address Amendment Section Street Address Amendment Section			
Division of Corporations Division of Corporations Division of Corporations			
P.O. Box 6327 Clifton Building			
Tallahassee, FL 32314 2661 Executive Center Circle			

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

Artic	to cles of Incorporation	•		
\ \ \			1 6	<u>.</u>
Healing Mercy M	inistries	3 Intern	ational	Inc
(Name of Corporation as curr	rently thea with the	riorida Dept. of State)	-	
	75 00000 ST	122		_
(Document Nur	mber of Corporation ((if known)		
Pursuant to the provisions of section 617.1006, Florida Stat amendment(s) to its Articles of Incorporation:	utes, this <i>Florida No</i>	t For Profit Corporation a	dopts the following	3
A. If amending name, enter the new name of the corpor	ration:			
Christian Life Minuname must be distinguishable and contain the word "corpo	SFL162]	Enternations	S In The new	,
name must be distinguishable and contain the word "corpo	ration" or "incorpor	ated" or the abbreviation	"Corp." or "Inc."	
"Company" or "Co." may not be used in the name.	٧٠	- ' '		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES)	101 P	ne Drive t ano Beach	F106	3060
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			·	
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office		ida, enter the name of the	2015 N SECI TALL	·
Name of New Registered Agent:			<u>추유 명</u> 창절 -	
New Registered Office Address:		(Florida street address) , Florida	9 PM 2	_ EO
	(City)	(Zip	Code on	
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am		cept the obligations of the	position.	

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	PT John De V Mike Jo SV Sally Si	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add Remove			
2) Change Add			
Remove 3) Change Add			
Remove 4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add Remove			

		itional Articles, e ecessary). (Be :		here:			
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+0 f	urth	er ou	~ Wil	ristry	direc	tion.	
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	e date of each amendment(s) adoption:	, if other than the
	ective date if applicable: (no more than 90 days after amendment file date)	
	e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not ument's effective date on the Department of State's records.	be listed as the
Ado	option 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.	
Þ	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 11 1 1 5	
	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)	
	Joseph E. Gallant (Typed or printed name of person signing)	
	Secretary (Title of person signing)	
	(Title of belease signing)	