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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: NEW DAY	WN CHURC	CH INC.		
DOCUMENT NUMBER: N14000007	626			
The enclosed Articles of Amendment and fee are sub-	mitted for filing.			
Please return all correspondence concerning this matter	er to the following:			
JAMES M. O'LEARY	·			
	(Name of Contact Person	n)		
N.A.				
	(Firm/ Company)			
2210 N.E. DANIELS ST	REET			
	(Address)			
ARCADIA,FL.34266				Ö,
	(City/ State and Zip Cod	e)		
COWCHIP@DES				
E-mail address: (to be used	·	notification)		
For further information concerning this matter, please	call:			
N.A.	_{at} 863	990 7927		
(Name of Contact Person)	(Area C	ode & Daytime Telephone Nu	mber)	
Enclosed is a check for the following amount made pa	yable to the Florida Depa	artment of State:	Zs -	
\$35 Filing Fee \$\times \text{\$43.75 Filing Fee & Certificate of Status}	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)	4,007 17 FX ECRETARY LLAHASSERY	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle		**angg*

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as current	NC.	orida Dept. of State)		
N14000007626.	.,	,		
(Doc	ument Number of C	Corporation (if known)		
tursuant to the provisions of section 617. mendment(s) to its Articles of Incorporat		tes, this Florida Not For Profit Co	prporation adopts the fo	llowing
. If amending name, enter the new na	me of the corpora	tion:		
N.A.			7	The new
ame must be distinguishable and contain Company" or "Co." may not be used in	-	ation" or "incorporated" or the a	bbreviation "Corp." or	"Inc."
s. Enter new principal office address, i	if applicable:	N.A.		
Principal office address <u>MUST BE A S</u> T	TREET ADDRESS			
				
Enter new mailing address, if appli	rahle:	A1 A		
(Mailing address MAY BE A POST (N.A.		
. If amending the registered agent an	d/or registered off	ice address in Florida, enter the	name of the	
new registered agent and/or the new		address:		
Name of New Registered Agent:	N.A.			
	· · · · · · · · · · · · · · · · · · ·	(Florida street address)		
New Registered Office Address:				
	N.A.	, Flor	ida	
	(City)	(Zip Code)	
lew Registered Agent's Signature, if cl hereby accept the appointment as registe			tions of the position	14 00:
	Signature of New	v Registered Agent, if changing		
		Page 1 of 4	Programme and the second	
		1 460 1 01 4		<u></u>

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>V</u> <u>Mik</u>	n Doe le Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	TSD	JAMES M. O'LEARY	2210 N.E. DANIELS STREET
Add			ARCADIA
Remove			FLORIDA,34266
2) Change	Т	LANORA SKINNER	709 N 17 AVE
Add			ARCADIA
X			FLORIDA,34266
3) Change	VPD	LANORA SKINNER	709 N 17 AVE
X			ARCADIA
Remove			FLORIDA,34266
4) Change			
Add			
Remove			
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)				
ADD				
E.I.N. NUMBER 47-1607083 TO CORP. INFO.				

The	date of each ame	ddment(s) adoption: SEPTEMBER 12,2014	, if other than the
date	this document was	signed. SEPTEMBER 12,2014	
Effe	ective date <u>if appli</u>	(no more than 90 days after amendment file date)	_
Ado	ption of Amendm	ent(s) (<u>CHECK ONE</u>)	
	The amendment(s was/were sufficient	was/were adopted by the members and the number of votes cast for the amendment(s) at for approval.	
	adopted by the bo	bers or members entitled to vote on the amendment(s). The amendment(s) was/were ard of directors. OCTOBER 13,2014	
	Dated		
	Signature	STEVEN GAME	
		(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)	
	ST	EVEN GAME	
	PF	(Typed or printed name of person signing)	
		(Title of person signing)	

14 OCT 17 PH 4: 19