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MAY 26 2015

COVER LETTER

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TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Transformation CHRISTIAN Canalin
DOCUMENT NUMBER: <u>N 15000003124</u>
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Danie J. Fis (Name of Contact Person)
(Name of Contact Person)
(Firm/ Company)
1605 FRedrica DR. (Address)
(Address)
OxCando FC 32812
(City/ State and Zip Code)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
DPisool@yallov.Com at 321) 228-3800 (Name of Contact Person) at 321) (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) \$43.75 Filing Fee & Certified Copy. (Additional Copy is Enclosed)
Mailing Address Street Address

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

•	/It ticles of it	corporation					
TO 0105 Samo	ation	(C H)	7 5 7 1	Co	mse	Phe	Juc
(Name of Corporation as		ed with the F	orida Dept. of Stat	e)	1 00	"	
1117 420	ょついつ	, 1		- /			
W150000	ODIA!	Corporation (it	f known)			-	
(Documen	int inumber of	Corporation (1)	(Kilowii)				
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	la Statutes, this	s <i>Florida Not</i> .	For Profit Corporat	ion adopts th	e followin	g	
A. If amending name, enter the new name of the co	orporation:						
What Charel Traise	2000	tim (hristicus	Care	30 (1)	14	and
name must be distinguishable and contain the word "c	'corporation"	or "incorpora	ted" or the abbrevio	tion "Corp."	or "Inc."	: T	٥١٠٠
"Company" or "Co." may not be used in the name.	the	va Pis	T Inc.				
B. Enter new principal office address, if applicable		sam e					
(Principal office address MUST BE A STREET ADD	DRESS)					-	
						-	
						_	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	ox) č	5am	,				
,	سن					_	
						-	
						_	
75 76 N. d		describe Disab		.cab.			
D. If amending the registered agent and/or registered new registered agent and/or the new registered			ia, enter the name	or the			
							
Name of New Registered Agent:	10//V					-	
·	<u>,</u>					_	
New Registered Office Address:			(Florida street address)	£:	.ds. ⊡7		ÿ
The state of the s					#1 F(1	方	
		Y'. 1	F	lorida	1- C 3# 3.2.	-	
	(C	City)		(Zip Code)		7	.11
New Registered Agent's Signature, if changing Reg	gistered Age	nt:			32	ö	Ξ.
I hereby accept the appointment as registered agent.	I am familia	r with and acc	ept the obligations o	f the position	三 二	<u></u>	
						7	
					7772-		
	Signat	ure oj New Rez	gistered Agent, if che	anging	7. Lu	9	

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 Do V Mike Jo SV Sally Sr	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add Remove			
2) Change Add Remove			
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

If amending or adding additional (attach additional sheets, if necessar	ry). (Be specific)			
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aprices, +	Counselin	hafelser g und Ther	a Pist	
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	te this document was signed. , if other t	han the
Effe	fective date <u>if applicable</u> : (no more than 90 days after amendment file date)	
	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as cument's effective date on the Department of State's records.	the
Ado	loption 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)	
	(Typed or printed name of person signing)	
	Minister and Christian Counselo (Title of person signing) Therapist.	rt.