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TO: Amendment Section Division of Corporations

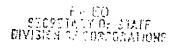
NAME OF CORPORATI	ON:	HALLENGERS CO	MMUNITY A	ND OUTREACH CENTER INC
DOCUMENT NUMBER:	N15000004591			
The enclosed Articles of Ar		nitted for filing.		
Please return all correspond	ence concerning this matter	to the following:		
	LILLIAN J.TURNEI	R		
	((Name of Contact Pe	erson)	
		(Firm/ Company	·)	
1280 NW 181 ST.		•		
		(Address)		
MIAMI, FL 33169				
	(City/ State and Zip (Code)	
sfccoutreachministry@yaho	oo.com			
	E-mail address: (to be used	for future annual rep	ort notification)
For further information con-	cerning this matter, please c	eall:		
LILLIAN J. TURNER		at	786	594 -1253
	(Name of Contact Person)			(Daytime Telephone Number)
Enclosed is a check for the	following amount made pay	vable to the Florida I	Department of S	State:
☐ \$35 Filing Fee	□\$43.75 Filing Fee & □ Certificate of Status		Certifi S Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address
Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



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SOUTH FLORIDA CHALLENGERS COMMUNITY AND OUTREACH CENTER INC. (Name of Corporation as currently filed with the Florida Dept. of State) N15000004591 (Document Number of Corporation (if known) Pursuant to the provisions of section 617,1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: SOUTH FLORIDA CHALLENGERS COMMUNITY OUTREACH MINISTRY INC name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp," or "Inc," "Company" or "Co." may not be used in the name. 1280 NW 181 st B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) MIAM1, FL 33169 C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) 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 office address: N/A Name of New Registered Agent: (Florida street address) New Registered Office Address: (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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	<u>Name</u>	<u>Addres</u> s
1) X Change	VP	TURNER, KENNETH JR.	1280 NW 181 ST.
Add			MIAMI, FLA 33169
Remove			
2) Change	D	DEVALUS, JOHNELL	1400 NW 54 ST.#712
XAdd			MIAMI,FL 33142
Remove	C/D	NECCE OR A	12/07/10 1007/14/15 (4444
3) X Change	S/D	REESE, ORA	13685 NE 10TH AVE #404
Add			MIAMI, FL 33161
Remove			
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)				
N/A				
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	date of each amendment(s) adoption:	20015 9ECITIVUE A lifether than the second of the second	the
date	this document was signed.	TOTAL CONTROL	
Effe	N/A ective date <u>if applicable:</u>	15 MAY 27 PM 2: 14	
		an 90 days after amendment file date)	
	e: If the date inserted in this block does not meet ument's effective date on the Department of State'	he applicable statutory filing requirements, this date will not be listed as the records.	
Ado	option of Amendment(s) (CHECK	<u>ONE</u>)	
	The amendment(s) was/were adopted by the men was/were sufficient for approval.	bers and the number of votes cast for the amendment(s)	
	There are no members or members entitled to vot adopted by the board of directors.	e on the amendment(s). The amendment(s) was/were	
	Signature (By the chairman or vice chairman or been selected, by an other court appointed fiduciar	nan of the board, president or other officer-if directors neorporator – if in the hands of a receiver, trustee, or by that fiduciary)	
	LILLIAN J. TURNER		
	(Ty	ped or printed name of person signing)	
	Р/Г		
		(Title of person signing)	