## OLLOCOOON

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

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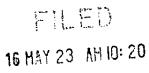
A NEW DAY MINISTRIES INC
N16000000770
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
WANDA WASHINGTON
(Name of Contact Person)
RF SERVICES
(Firm/ Company)
520 NW 165th STREET RD SUITE 111
(Address)
MIAMI, FL 33169
(City/ State and Zip Code)
wwewash@gmail.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
WANDA WASHINGTON 305 494-0818 at
(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  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is Enclosed)  S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)

**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** Articles of Incorporation



		of	ACCOUNT OF A STATE OF THE STATE
A NEW DAY MINISTRIES INC			TALLA-ASSAFE TOMBAN
(Name of Corporation	as curren	tly filed with the l	Florida Dept. of State)
N1600000770			
(Docum	nent Numb	er of Corporation (	if known)
Pursuant to the provisions of section 617.1006, Floamendment(s) to its Articles of Incorporation:	rida Statute	es, this <i>Florida Noi</i>	For Profit Corporation adopts the following
A. If amending name, enter the new name of th	e corporat	ion:	
N/A			The new
name must be distinguishable and contain the worn "Company" or "Co." may not be used in the nam		tion" or "incorpor	
B. Enter new principal office address, if applicable:		N/A	
(Principal office address <u>MUST BE A STREET</u> A		)	
C. Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE	BOX)	19/A	
D. If amending the registered agent and/or regi	stered offi	ce address in Flor	da, enter the name of the
new registered agent and/or the new register		NDERSON	
Name of New Registered Agent:	— AMII HE	INDERSON	· · · · · · · · · · · · · · · · · · ·
	9536 NW	8th AVE APT 2	
New Registered Office Address			(Florida street address)
New Registered Office Address.	MIAMI		33147
		(City)	, Florida (Zip Code)
		(CIŅ)	(Zip Code)
New Registered Agent's Signature, if changing			a trace car or
I hereby accept the appointment as registered ager	Λ	4	
	an	y Hen	dusc—
-	9	ighture of New Re	vaistavad Agant 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 Doc 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 e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	GALE WILCOX	9536 NW 8th AVE APT 2
Add			MIAMI, FL 33147
X Remove			
2) Change	P	AMY HENDERSON	9536 NW 8th AVE APT 2
X Add			MIAMI, FL 33147
Remove			
3) Change			
Add			
Remove			
4) Change	<del></del>		
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				
				·
		* U. A. W. C.		
	·			·····
		<del></del>	<u></u>	
		* ** ***		····
				<del></del>
				· · · · · · · · · · · · · · · · · · ·

The	date of each amendme	nt(s) adoption:	, if other than th
date	this document was signe	ed.	
Eff	ective date <u>if applicable</u>		
		(no more than 90 days after amendment file date)	
		this block does not meet the applicable statutory filing requirements, this date will not the Department of State's records.	be listed as the
Ad	option of Amendment(s)	(CHECK ONE)	
	The amendment(s) was/was/were sufficient for	/were adopted by the members and the number of votes cast for the amendment(s) approval.	
	There are no members of adopted by the board of	or members entitled to vote on the amendment(s). The amendment(s) was/were f directors.	
	Dated MA	Y 10, 2016	
	Signature	any Henderson	_
	have	he chairthan or vice chairman of the board, president or other officer-if directors e not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)	
	A	AMY HENDERSON	
	-	(Typed or printed name of person signing)	
	P	PRESIDENT	
	_	(Title of person signing)	