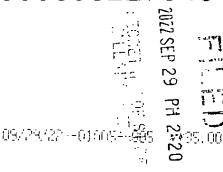
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## **COVER LETTER**

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: Name of Corporation	jenning Christian Center + Outres
DOCUMENT NUMBER: <u>W166000</u>	0 003110
The enclosed Articles of Amendment and fee are sub-	
Please return all correspondence concerning this matt	•
·	(Name of Contact Person)
	(Name of Contact Person)
· · · · · · · · · · · · · · · · · · ·	(Firm/ Company)
	(Address)
Pa	,
/, 0	City/ State and Zip Code)
	U., 4L 32315
	I for future annual report notification)
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For further information concerning this matter, please	( $\frac{850}{\text{(Area Code)}}$ (Daytime Telephone Number)
, ,	
Enclosed is a check for the following amount made pa	·
□\$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address  Amendment Section	Street Address
Amenament Section Division of Corporations	Amendment Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Incorporation  Articles of Incorporation  One of Corporation as currently field with the Florida Dept. of State)  (Name of Corporatio) as currently field with the Florida Dept. of State)  (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:  All amepding name, enter the new name of the corporation:  All amepding name, enter the new name of the corporation:  All amendments the distinguishable and comain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc."  "Company" or "Co." may not be used in the name  B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)  C. Enter new mailing address MUST BE A POST OFFICE BOX)  D. If amending the registered agent and/or the new registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:  Name of New Registered Address:  (Florida trees address)  (City)  (City)  (City)  (Sip Code)	
Name of Corporation as currently fied with the Florida Dept. of State)  (Document Number of Corporation (if known)  (If amending name, enter the new name of the corporation:  (If amending name, enter the new name of the corporation:  (If amending name, enter the new name of the corporation:  (If amending name, enter the new name of the corporation:  (If amending name, enter the new name of the corporation:  (Corporation of the abbreviation "Corp." or "Inc."  (Company "or "Co." may not be used in the name.  (Inc. "Company "or "Co." may not be used in the name.  (Inc. "Company or "Co." may not be used in the name.  (Inc. "Corporated" or the abbreviation "Corp." or "Inc."  (Corporation or "incorporated" or the abbreviation "Corp." or "Inc."  (Corporation or "incorporated" or the abbreviation "Corp." or "Inc."  (Corporation or "incorporated" or the abbreviation "Corp." or "Inc."  (Corporation or "incorporated" or the abbreviation "Corp." or "Inc."  (Corporation or "incorporated" or the abbreviation "Corp." or "Inc."  (Corporation or "incorporated" or the abbreviation "Corp." or "Inc."  (Mailing address MUST BE A STREET ADDRESS)  (Mailing address MAY BE A POST OFFICE BOX)  (If amending the registered agent and/or registered office address:  Name of New Registered Agent:  (Florida street address)  (Florida street address)  (Florida (Zip Code)	
Name of Corporation as currently field with the Florida Dept. of State)  (Document Number of Corporation (if known)  ursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following mendment(s) to its Articles of Incorporation:  (If amending name, enter the new name of the corporation:  (If amending name, enter the new name of the corporation:  (If amending the distinguishable)  (Company or "Co." may not be used in the name.  Enter new principal office address, if applicable:  (Mailing address MAY BE A FOST OFFICE BOX)  (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:  Name of New Registered Agent:  New Registered Office Address:  (City)  (City)  (City)  (City)  (Florida  (City)  (Florida  (City)  (Florida  (City)  (Florida  (City)  (Florida  (City)  (Florida  (City)  (Florida)	
(Document Number of Corporation (if known)  ursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following mendment(s) to its Articles of Incorporation:  **If amending name, enter the new name of the corporation:**  **Uniforming Arristics Lenter, And Outrach Munitude new ame must be destinguishably and contain the word "corporation" or "incorporated" or the abbreviation "Corp," or "Inc."  **Company" or "Co." may not be used in the name.**  **Enter new principal office address, if applicable:**  **Principal office address MUST BE A STREET ADDRESS**  **Enter new mailing address, if applicable:**  **What is a positive of the new registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:*  **Name of New Registered Agent:**  **New Registered Office Address:**  **New Registered Office Address:**  **Florida**  **(Florida** urven address*)  **Florida**  **(City)**  **(City)**  **Florida**  **(City)**  **(City)**  **Corporation**  **Orporation**  **Orporation**  **Orporation**  **Orporation**  **Orporation**  **Orporation**  **Ind Outrach Mustures address*  **Ind Outrach Mustures address*  **Ind Outrach Mustures*  **Corporation**  **Corporation**  **Corporation**  **Orporation**  **Outrach Mustures*  **Orporation**  **Or	adno
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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:    If amending the registered agent and/or the new registered office address:   Name of New Registered Agent:   (City)   (Zip Code)   (Zip Code)	ΝĒ
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:  Name of New Registered Agent:  New Registered Office Address:  (City)  (Ci	•
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(City) (Zip Code)	
Denistant d. A. a. 12. Character of the section D. Character of A. a. a. A. a. a.	
ew Registered Agent's Signature, if changing Registered Agent: 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	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add			
Remove			
2) Change Add			
Remove  3 ) Remove  Change Add Remove			
4) Change Add	<del></del>		
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee	g additions, if nece	nal Articles, enter change(s) here: ssary). (Be specific)	

Please add nes	W &IN # 88-2566307	
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The date of each amendment(s) adoption date this document was signed.	·	_, if other than the
Effective date if applicable:	no more than 90 days after amendment file date)	<u> </u>
		ha listad as the
document's effective date on the Departmen	s not meet the applicable statutory filing requirements, this date will not left of State's records.	oc fisica as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by was/were sufficient for approval.	by the members and the number of votes cast for the amendment(s)	

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 $9/39/3022$ Signature $329/3022$
(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)
(Typed of printed finance of person signing)
(Title of person signing)

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