N16000006443

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COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: VICTORY MINISTYIES OF REIWOOD
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Deposition Blackmon (Name of Contact Person)
Victory Winistries of Zewood Inc. (Firm/Company)
3/11e N Washington St. Zuwood Fl 32792
City/ State and Zip Code)
Victory menistries of Delicotto Quail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Chasulon Blackmon at 352-217-6555
(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 S43.75 Filing Fee S43.75 Filing Fee S43.75 Filing Fee Certificate of Status (Additional copy is enclosed) S43.75 Filing Fee S43.75 Filing Fee Certificate of Status (Certified Copy (Additional Copy is Enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Street Address Amendment Section Division of Corporations Clifton Building

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

Articles of Amendment
Articles of Incorporation
Victory Winistries of Zellwood Inc. (Name of Corporation as currently filed with the Florida Dept. of State)
N16000006443
(Document Number of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
The new 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.
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
<u></u>
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:
Name of New Registered Agent:
(Florida street address) New Registered Office Address:
, Florida
(City) (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

address of each Offic (Attach additional she Please note the officer	er and/or D ets, if necess director titl	Pirector being added: Eary) The by the first letter of the office til	ame of each officer/director being removed and title, name, and tle: = Director: TR = Trustee: C = Chairman or Clerk: CEO = Chief
	O = Chief F	inancial Officer. If an officer/dir	rector holds more than one title, list the first letter of each office
a change, Mike Jones	leaves the co	llowing manner. Currently John orporation, Sally Smith is named ly Smith, SV as an Add.	Doe is listed as the PST and Mike Jones is listed as the V. There is the V and S. These should be noted as John Doe. PT as a Change,
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)	Title	<u>Name</u>	<u>Addres</u> s
1) Change		_	
Add			<u> </u>
Remove			
2) Change		<u> </u>	
Add			
Remove 3) Change			
Add			
Remove			
4) Change		_	
Add Remove			
5) Change Add			
Remove			
6) Change			
Add		_	
Remove			

ttach additional sheets, if necessary).	(Be specific)
<u> </u>	

The date of each amendment(s) adoption: 10-23-1/ date this document was signed.	, if other than the
Effective date if applicable:	1
(no more than 90 days after amendment file date)	İ
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will redocument's effective date on the Department of State's records.	not be listed as the
Adoption 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.	
Dated 10. 33-17	
Signature Chasulon Blackman	
(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)	ļ
Chaseson Blackmen (Typed or printed name of person signing)	
(Title of person signing)	