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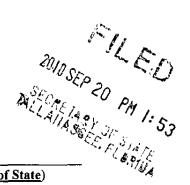


## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: The World Good News Missions, Inc.			
DOCUMENT NUM	BER: <u>N17890</u>		
The enclosed Articles	s of Amendment and fee are sub	mitted for filing.	
Please return all corre	espondence concerning this matte	er to the following:	
		hia Wright	<u> </u>
	(Name of	Contact Person)	
	The World Good	d News Missions, Inc.	
	(Firm)	(Company)	
	2105 W	orrington St.	
<del></del>	(A	address)	
	Saraso	ta, FL 34231	
<del>-</del>	(City/ Stat	e and Zip Code)	<del></del>
	Cindy wright ( E-mail address: No be used	O Comcast - net If for future annual report noti	fication)
For further information	on concerning this matter, please	e call:	
Cynthia Wright	of Contact Person)	at (941)_922-8	444
(Name	of Contact Person)	(Area Code & Da	ytime Telephone Number)
Enclosed is a check f	or the following amount made p	ayable to the Florida Departm	nent of State:
☑ \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	(Additional copy is enclosed)	☐ \$52.50 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 Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	rations ·

## Articles of Amendment to Articles of Incorporation of



The World Go	ood News Missions, Inc.	t of State)
(Name of Corporation as cu	rrently filed with the Florida Dep	t. of State)
	N17890	·
(Document N	umber of Corporation (if known)	
Pursuant to the provisions of section 617.100 the following amendment(s) to its Articles of		t For Profit Corporation adopts
A. If amending name, enter the new name	of the corporation:	
The new name must be distinguishable and abbreviation "Corp." or "Inc." "Company"		
B. Enter new principal office address, if a (Principal office address <u>MUST BE A STRI</u>		
C. Enter new mailing address, if applicate (Mailing address MAY BE A POST OF)		
D. If amending the registered agent and/o new registered agent and/or the new re		ida, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street addres	rs)
	(0: )	, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if chan I hereby accept the appointment as registe position.	ging Registered Agent: red agent. I am familiar with a	nd accept the obligations of the
_	Signature of New Registered Age	nt, if changing

Page 1 of 3

## 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)

<u>Title</u>	<u>Name</u>		<u>Addr</u>	<u>ess</u>		Ty	e of Action
PD	L. Ratnarao			. Creek Dri			Add Remove
SD	Fred Davis		· · · · · · · · · · · · · · · · · · ·	Palomino t sota, FL			Add Remove
PSD_	Cynthia Wright			Worrington sota, FL 34			Add Remove
	g or adding additional A tional sheets, if necessary			s) here:			
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					<del></del>		
		,					

The date of each amendme	ent(s) adoption: August 23, 2010
Effective date <u>if applicable</u>	(date of adoption is required)  August 23, 2010  (no more than 90 days after amendment file date)
	(no more than 90 days after amendment file date)
Adoption of Amendment(	s) (CHECK ONE)
The amendment(s) was/ was/were sufficient for a	were adopted by the members and the number of votes cast for the amendment(s) pproval.
There are no members of adopted by the board of	or members entitled to vote on the amendment(s). The amendment(s) was/were directors.
Dated_At	ugust 23, 2010
( 1	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, other court appointed fiduciary by that fiduciary)
	Richard Carr
	(Typed or printed name of person signing)
	Treasurer/Director
	(Title of person signing)

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