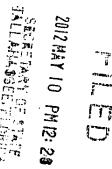
(Requestor's Name)  (Address)	200234744122
(Address)	
(City/State/Zip/Phone #)	05/10/1201033024 **43.75
(Business Entity Name)	
(Document Number)  Certified Copies Certificates of Status	2012 HAY 10 SECRETARY 10 TALLANASEE
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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: New Elev	vation Minis	tries, Inc.
DOCUMENT NUMBER: N9300000	0867	
The enclosed Articles of Amendment and fee are sub	omitted for filing.	
Please return all correspondence concerning this mat	ter to the following:	
Michael Hagen		
	(Name of Contact Perso	on)
Hagen Law Firm		
	(Firm/ Company)	
6249 Presidential Ct., S	te. F.	
	(Address)	
Fort Myers FL 33919		
	(City/ State and Zip Coo	le)
info@mikehagen		
E-mail address: (to be used	,	notification)
For further information concerning this matter, please	e call:	
Michael Hagen	<sub>at (</sub> 239	, 275-0808
(Name of Contact Person)	(Area C	ode & Daytime Telephone Number)
Enclosed is a check for the following amount made pa	ayable to the Florida Dep	artment of State:
□ \$35 Filing Fee ■\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Malling Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle

## Articles of Amendment to Articles of Incorporation of

SICALIAN TO PH 4: 20 New Elevation Ministries, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N93000000867 (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

	e of the corporation;		
name must be distinguishable and contain th			The nev
"Company" or "Co." may not be used in th		corporatea or the abbreviation Corp.	or inc.
D F.		·	
B. Enter new principal office address, if a (Principal office address MUST BE A STR.)			_
•	·		
G T			_
C. Enter new mailing address, if application (Mailing address MAY BE A POST OF)			
3			_
	· —————		_
D. If amending the registered agent and/o	r registered office address i	n Florids, enter the name of the	
new registered agent and/or the new re			
Name of New Registered Agent:	•		
	(Florida street	addressi	
New Registered Office Address:	,		
		. Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if chan	ring Pagistavad Agents		

Page 1 of 4

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)

(Anden 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	PT J	ohn Doe	
X Remove	<u>V</u> <u>N</u>	like Jones	
X Add	<u>sv</u> <u>s</u>	ally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change Add Remove	<u>s</u>	Tanya Flowers	1008 Atherton Ave Lehigh Acres, FL 33971
2) Change Add Remove	<u>_S</u>	David Nitz	FL Church of God State Office 3736 Cragmont Dr. Tampa, FL 33619
3) Change Add Remove			
4) Change Add Remove	<del></del>		
5) Change Add Remove			
5) Change Add Remove	<u> </u>		

## E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) Page 3 of 4

The date of each amendmen	t(s) adoption: D/ 1/2012
Effective date <u>if applicable</u> :	5/1/2012
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/w was/were sufficient for ap	vere adopted by the members and the number of votes cast for the amendment(s) oproval.
There are no members or adopted by the board of a	members entitled to vote on the amendment(s). The amendment(s) was/were directors.
Dated 5/1	/2012
have n	chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)
Osborn	e Ramkissoon
	(Typed or printed name of person signing)
PD	Resident
	(Title of person signing)