N94000000585

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| |
| |
| |

Office Use Only



600200646426

04/08/11--01031--010 **35.0A



Amend.
4/11/11

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPO | PRATION: MAKE A | WAY MINISTRIES | INC |
|-------------------------|---|---|---|
| DOCUMENT NUM | BER: <u>N 94 0000</u> | 00585 | |
| The enclosed Article | s of Amendment and fee are su | bmitted for filing. | |
| Please return all corre | espondence concerning this ma | tter to the following: | |
| | CEV. WILLIAM J (Name of | MILLER f Contact Person) | |
| 1 | TAKE A WAY M | HINISTRIES n/Company) | |
| _// | 0621 N. KENL | DALL DRIVE - So Address) | UTE 113 |
| M | 1441, FL 331 (City/Sta | 76 ate and Zip Code) | |
| <u>61</u> | 17/125-@ Make a U E-mail-address: (to be use | lay financial orded for future annual report notify | cation) |
| For further information | on concerning this matter, pleas | se call: | |
| REV. W. J. | MILLER | at (<u>305</u> <u>27/-</u> (Area Code & Dayt | 5094 |
| (Name | of Contact Person) | (Area Code & Dayt | ime Telephone Number) |
| Enclosed is a check f | or the following amount made | payable to the Florida Departmen | nt 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) |
| Ame | ing Address independent Section | Street Address Amendment Section | , |

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

| Name of Corporation as cu | | | <u>ate</u>) | |
|---|---|-------------------|---|--------------------|
| MAKE A WAY M (Document N | umber of Corporation (if I | known) | | |
| Pursuant to the provisions of section 617.100 the following amendment(s) to its Articles of | 6, Florida Statutes, this F. Incorporation: | lorida Not For F | Profit Corporatio | n adopts |
| A. If amending name, enter the new name | of the corporation: | | | |
| The new name must be distinguishable and abbreviation "Corp." or "Inc." "Company" | | | corporated" or th | - he |
| B. Enter new principal office address, if a | pplicable: | | | _ |
| (Principal office address <u>MUST BE A STRE</u> | EET ADDRESS) | | 1 mg - 3 - 5 Ct | _ |
| | | | | · - "连接" |
| | | | | |
| C. Enter new mailing address, if applicab | | | | 30 |
| (Mailing address <u>MAY BE A POST OF</u> | (ICE_BOX) | | parting and the second | 3 |
| | <u></u> | | 15.65 16.65 | |
| | <u> </u> | | | |
| D. If amending the registered agent and/or | registered office addres | s in Florida, ent | ter the name of t | the |
| new registered agent and/or the new reg | | | | |
| Name of New Registered Agent: | | | | |
| | | | - | |
| New Registered Office Address: | (Florida stree | et address) | _ | |
| | | | . Florida | |
| | (City) | | (Zip Code) | - |
| New Registered Agent's Signature, if chang | ing Registered Agent: | | | |
| hereby accept the appointment as register position. | ed agent. I am familiai | * with and accep | ot the obligation. | s of the |
| | Signature of New Registe | red Agent, if cha | nging | |



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> | Address | Type of Action |
|---------------------------------------|---|--|-----------------------|
| <u>D</u> | HERBERT A. ROZIERS | POBOX 40692 JACKSONVILLE, FL 32203 | Add Remove |
| | | | _ |
| | | | _ □ Add _ □ Remove |
| E. <u>If amen</u> (attach ad | ding or adding additional Articles, enter dditional sheets, if necessary). (Be speci | change(s) here: | |
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| The date of each amendment(s) adoption: MARCH /, 20// |
|--|
| (date of adoption is required) Effective date if applicable: MARCH (, 20)/ |
| (no more than 90 days after amendment file date) |
| 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 MARCH /, 2011 Signature |
| (By the chairman or vice chairman of the board, president or other officer-if director have not been selected, by an incorporator – if in the hands of a receiver, trustee, other court appointed fiduciary by that fiduciary) |
| (Typed or printed name of person signing) |
| PRESIDENT |
| (Title of person signing) |

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