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SECRETARY OF STATEOUS
OF VISION OF CORPORATIONS

COVER LETTER .

TO: Amendment Section Division of Corporations

 $\Delta \hat{f}_{\ell}$

NAME OF CORP	ORATION: The Academy	For Ch	ristian Traini	ng, Inc.		
DOCUMENT NUI	мвек: <u>#N9400001234</u>					
The enclosed Articl	es of Amendment and fee are sub	mitted for	filing.			
Please return all cor	respondence concerning this matt	er to the fo	ollowing:			
<u></u>		a Ann De				
	(Name of	Contact Po	erson)			
	The Academy For	r Christia	n Training, Inc			
	(Firm/ Company)					
	1555 Cesery B	llvd. Jax	c. Fl. 32211			
	(A	Address)	****			
	Jacksonvill	e Florida	a 32211			
		te and Zip		· , · · · · · · · · · · · · · · · · · ·		
	hisimage	@clearwi	ire.net			
	E-mail address: (to be used			tification)		
For further informat	ion concerning this matter, please	e call:				
Patricia Ann DeWitt		at (904) 743-	9094		
(Nam	e of Contact Person)	<u> </u>	(Area Code & D	aytime Telephone Number)		
Enclosed is a check	for the following amount made p	ayable to t	he Florida Depart	ment of State:		
□\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	Certifi	.75 Filing Fee & ed Copy ional copy is sed)	☐ \$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 Sect Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 3	ion orations Center Circle		

Articles of Amendment to Articles of Incorporation of



The Academy Fo	or Christian 1	raining, Inc.	
(Name of Corporation as curr	ently filed with t	he Florida Dept. of Stat	te)
#N94	4000001234		
(Document Nur	nber of Corporati	on (if known)	
Pursuant to the provisions of section 617.1006, the following amendment(s) to its Articles of I		this Florida Not For Pr	ofit Corporation adopts
A. If amending name, enter the new name of	f the corporation	<u>n:</u>	
His Image	Biblical Institu	te, Inc.	
The new name must be distinguishable and cabbreviation "Corp." or "Inc." "Company"			rporated" or the
B. Enter new principal office address, if app (Principal office address MUST BE A STREE			<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)			,
			·
D. If amending the registered agent and/or new registered agent and/or the new reg			er the name of the
Name of New Registered Agent:		····	-
New Registered Office Address:	(Flori	da street address)	_
			_, Florida
		(City)	(Zip Code)
New Registered Agent's Signature, if change I hereby accept the appointment as registere position.			t the obligations of the
- ,	Signature of New	Registered Agent, if char	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) **Title** Address **Type of Action** Name ☐ Add ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

The date of each amendment(s) adoption: 08/20/2009				
	(date of adoption is required)			
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)			
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/were a was/were sufficient for approva	dopted by the members and the number of votes cast for the amendment(s) al.			
There are no members or men adopted by the board of directed	nbers entitled to vote on the amendment(s). The amendment(s) was/were ors.			
Dated 08	26) 2009			
Signature 607	don Dewitt PhD			
have no	chairman or vice chairman of the board, president or other officer-if directors of been selected, by an incorporator — if in the hands of a receiver, trustee, or ourt appointed fiduciary by that fiduciary)			
	Eldon DeWitt, Ph.D.			
_	(Typed or printed name of person signing)			
_	President			
	(Title of person signing)			

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