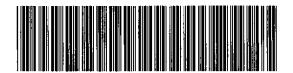
## N950000200

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## **COVER LETTER**

TO: Amendment Section **Division of Corporations** 

NAME OF CORPORATION: $\frac{OAS(S)}{INTERN}$	CHRISTIAN A TIONAL, INC	MINISTRIES
DOCUMENT NUMBER: N9500	0002020	
The enclosed Articles of Amendment and fee are sub	nitted for filing.	
Please return all correspondence concerning this matte	er to the following:	
PATRICIA (Name of	A. WILSON	
OASIS CHOI	STIAN MINIS- (Company)	TRIES
7600 NW -		
(A	ddress)	
MIANI (City/State	LOMBA 3315	υ 
` •	• ,	
Pasis cme	Sellsouth, net	
		on)
For further information concerning this matter, please	call:	
PATMAA A. WILSON (Name of Contact Person)	at (305) 498-	0251
(Name of Contact Person)	(Area Code & Daytime	Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida Department of	of State:
\$35 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)
Mailing Address  Amendment Section	Street Address Amendment Section	•
Division of Corporations	Division of Corporations	3
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center C	Circle

2661 Executive Center Circle Tallahassee, FL 32301

## **Articles of Amendment** to **Articles of Incorporation**

DASIS CHRISTIAN A	LINKSTRIES	INTERNATIONAL, INC.
(Name of Corporation as current	ly filed with the Florida D	Dept. of State)
N95000020	20	
	er of Corporation (if known	)
Pursuant to the provisions of section 617,1006, Flo he following amendment(s) to its Articles of Income		Not For Profit Corporation adopts
A. If amending name, enter the new name of th	ne corporation:	
DASIS CHRISTIAN		ES.INC.
The new name must be distinguishable and contabbreviation "Corp." or "Inc." "Company" or "		
3. Enter new principal office address, if applic Principal office address <u>MUST BE A STREET</u>		TALL SE
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE</u>	<i>BOX</i> )	FILED  AUG 24 PM 1:58  AHASSEE, FLORDA
). If amending the registered agent and/or reg new registered agent and/or the new registe		lorida, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street add	ress)
_		, Florida
	(City)	(Zip Code)
lew Registered Agent's Signature, if changing hereby accept the appointment as registered a osition.		and accept the obligations of the
Sign	nature of New Registered A	gent, 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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
<del></del>			
E. <u>If amen</u> (attach a	nding or adding additional Andditional Sheets, if necessary)	rticles, enter change(s) here: . (Be specific)	<del></del>

The date of each amendment(s) adoption	
Effective date if applicable:	(date of adoption is required)
	no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopted was/were sufficient for approval.	by the members and the number of votes cast for the amendment(s)
There are no members or members en adopted by the board of directors.	ntitled to vote on the amendment(s). The amendment(s) was/were
Dated Augu	st 19,2010 A. Wilson
Signature A	A. Wilson
have not been	an or vice chairman of the board, president or other officer-if directors selected, by an incorporator – if in the hands of a receiver, trustee, or winted fiduciary by that fiduciary)
PA	TRILIA & WILSON
	(Typed or printed name of person signing)
4	VICE- PRESIDENT
	(Title of person signing)