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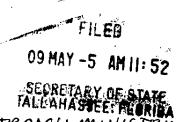
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: APOPKA	SPRINGHILL NAZARI MINIST	<u>ene autrela</u> ch rey, IN C
DOCUMENT NUMBER: N990000	002671	
The enclosed Articles of Amendment and fee are	submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
JERRY APPLE (Name of	EB C/ Contact Person)	
For further information concerning this matter, pl	Company) Dec S7. Address) 3276 e and Zip Code)	
For further information concerning this matter, pl	lease call:	27~3c/i
Jerry Appleby (Name of Contact Person)	at (elephone Number)
Enclosed is a check for the following amount ma	de payable to the Florida Depar	tment of State:
Slady Submitted Certificate of Status TINA ROBERTS	\$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 Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circ Tallahassee, FL 32301	le

Articles of Amendment to Articles of Incorporation of



APOPKA SPRING HILL NAZARENE OUTREACH MINISTRY, INC. (Name of Corporation as currently filed with the Florida Dept. of State)

(Document N	umber of Corporation	ı (if known)	
Pursuant to the provisions of section 617.100 he following amendment(s) to its Articles of		nis <i>Florida Not For I</i>	Profit Corporation adopts
A. If amending name, enter the new name	of the corporation:		
APOPKA SPRINGHILL (The new name must be distinguishable and abbreviation "Corp." or "Inc." "Company"	THURCH OF contain the word "cor "Co." may not be	THE NA2. corporation" or "ince used in the name.	ARENE, INC corporated" or the
B. <u>Enter new principal office address, if a</u> Principal office address <u>MUST BE A STRE</u>			
C. Enter new mailing address, if applicab (Mailing address <u>MAY BE A POST OF I</u>			
D. If amending the registered agent and/or new registered agent and/or the new re			ter the name of the
Name of New Registered Agent:	elstered office address	5556	_
New Registered Office Address:	(Florida	street address)	_
		(City)	, Florida (Zip Code)
New Registered Agent's Signature, if change the hereby accept the appointment as register position.			ept the obligations of the
	Signature of New R	egistered Agent, if ch	 anging

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>Address</u>	Type of Action
			☐ Add☐ Remove
			☐ Add☐ Remove
· · · ·			Add Remove
E. If amendi	ing or adding additional Ar ditional sheets, if necessary).	ticles, enter change(s) here:	
	, 5,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(20 5) 50 50 50 50 50 50 50 50 50 50 50 50 50	
	,		

The date of each amendment(s) adoption	on: APRIL 1,2009
Effective date if applicable: (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
have not been	nan or vice claiman of the boath, president or other officer-if directors selected, by an incorporator – if in the hands of a receiver, trustee, or pointed fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	ASTOR BOARD CHAIR / P. (Title of person signing)