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(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
, (Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
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COVER LETTER

TO: Amendment Section

Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

NAME OF CORPORATION: Jesus Christ Church of Deliveran		
DOCUMENT NUMBER: N 9900006114		
The enclosed Articles of Amendment and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Christing Taylor (Name of Contact Person)		
(Name of Contact Person)		
(Firm/ Company)		
1 60		
1824 NW 24 Terr (Address)		
(Address)		
Ft, Lauderdole FL 33311 (City/State and Zip Code)		
SPRORTING ACL. (OM) E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Christing Taylor at (954) 677-3212 (Name of Contact Person) (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount made payable to the Florida Department of State:		
\$35 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is Enclosed)		
Mailing Address Amendment Section Street Address Amendment Section		

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

•	of Amendment to Of Incorporation
Tesus Christ Church (Name of Corporation as currently filed with the Flor N 99000 (Document Number of Corporation)	006114
Pursuant to the provisions of section 617.1006, Florida Statutes amendment(s) to its Articles of Incorporation:	,
A. If amending name, enter the new name of the corporation PUSH Internation name must be distinguishable and contain the word "corporation" "Company" or "Co." may not be used in the name.	of Ostreach Ministry Inc The new
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	TE DI
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	EC 31 PH 12: 22
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad Name of New Registered Agent:	
New Registered Office Address:	Florida street address)
(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am fam	
Signature of New Registe	ered Agent, if changing

Page 1 of 4

The date of each amendment(s) adopt	tion:
Effective date <u>if applicable</u> :	1-1-13
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopt was/were sufficient for approval.	ted by the members and the number of votes cast for the amendment(s)
☐ There are no members or members adopted by the board of directors.	s entitled to vote on the amendment(s). The amendment(s) was/were
Dated 13	x-20-12
Signature	who center
have not been s	on 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 pointed fiduciary by that fiduciary)
<u> </u>	visting Taylor
(T)	yped or printed name of person signing) ^t
	Secretary
()	Title of person signing)