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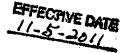
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SECRETARY OF STATE OF STATE OF CORPORATION

N.C. C.COULLIETTE

OCT 1 2 2011

EXAMINER

COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPORATION: New Ge	eneration Chris	tian Fellowsh
DOCUMENT NUMBER: N990000	6598	
The enclosed Articles of Amendment and fee are sul	bmitted for filing.	
Please return all correspondence concerning this mat	tter to the following:	
Synette (Name of	HAGGACY Contact Person)	
Hew Gene rat	ion Christian Fe	llowship, Inc.
5728	Vernon Road Address)	
HACKSONVI (City/ Sta	ille FL 3220 ate and Zip Code)	9
Sirdelcoldray E-mail address: (to be use	ton agmail. com	ition)
For further information concerning this matter, pleas	se call:	
Synetta Haggary (Name of Contact Person)	at (904) 591- (Area Code & Daytin	ne Telephone Number)
Enclosed is a check for the following amount made p	payable to the Florida Department	of State:
□ \$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)
Mailing Address Amendment Section	Street Address Amendment Section	
Division of Corporations P.O. Box 6327	Division of Corporatio Clifton Building	ns
Tallahassas El 2721A	7661 Evanutiva Cantar	Cirola

Articles of Amendment to Articles of Incorporation of

New Generation (Name of Corporation as co		Fellowsh	-
		orida Dept. or 5	itate)
N9900001	o 5 4 8 Number of Corporation (i	f known)	
`	•	,	
Pursuant to the provisions of section 617.10 the following amendment(s) to its Articles of		Florida Not For	Profit Corporation adopts
A. If amending name, enter the new nam	e of the corporation:	EFFECTIVE DATE	
Revelation of the I The new name must be distinguishable and abbreviation "Corp." or "Inc." "Company	d contain the word "corp	poration" or "in	tional, Inconcorporated" or the
B. Enter new principal office address, if a (Principal office address MUST BE A STR			
			- C SEC
C. Enter new mailing address, if applica			
(Mailing address <u>MAY BE A POST OF</u>	FICE BOX)		
			
			9
D. If amending the registered agent and/	or registered office addr	ess in Florida. e	nter the name of the
new registered agent and/or the new r			
Name of New Registered Agent:			
New Registered Office Address:	(Florida str	eet address)	
			, Florida
·	(Cit	<i>y)</i>	(Zip Code)
New Registered Agent's Signature, if chair I hereby accept the appointment as registed position.	nging Registered Agent: ered agent. I am famili	ar with and acc	ept the obligations of the
· -	Signature of New Regis	tered Agent, if cl	hanging

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>	Name	Address	Type of Action
			□ n
			Remove
			Add
E. <u>If amen</u> (attach a	ding or adding additional Articles additional sheets, if necessary). (B	<u>, enter change(s) here</u> : e specific)	
·			
			

The date of each amendment(s) adoption: <u>August 27th 2011</u>
(dale of adoption is required) Effective date if applicable: November 5th 2011
Effective date if applicable: November 5 2011
(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 Dctober 6th, 2011 Signature Sindelrol V. Drauton
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
Sirdelrol V. Drayton (Typed or printed name of person signing)
President (Title of person signing)