## N21000006549

(Re	questor's Name)	
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2021 OCT 12 AH 9: 56
SECRETARY OF STATE
TALLAMASSEC, FI

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Digital Witc	h Ministry Inc.			
	0006549			
DOCUMENT NUMBER:	<del></del>			
The enclosed Articles of Amendment and fee a	are submitted for filing.			
Please return all correspondence concerning th	is matter to the following	ā:		
Michael Slosson				
	(Name of Contac	et Person	)	
	(Firm/ Comp	pany)		
2156 18th St				
	(Address	s)		
Vero Beach FL. 2 <del>1860</del>				
	(City/ State and 2	Zip Code	)	
webmaster@wiccan.pw				
E-mail address: (to	be used for future annua	report n	otification	n)
For further information concerning this matter.	please call:			
Michael Slosson		32° _at		800-8977
(Name of Contact	Person)	(Are	a Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount n	nade payable to the Flor	ida Depa	rtment of	State:
■ \$35 Filing Fee □\$43.75 Filing F Certificate of S		•	Certifi Certifi	Filing Fee cate of Status ed Copy cional Copy is sed)
Mailing Address Amendment Section		Street A Amenda	Address nent Secti	on

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

FILED

Digital Witch Ministry, Inc

2021 OCT 12 AM 9: 56

(Name of Corporation as currently filed with the Florida Dept. of State) N21000006549 (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation; A. If amending name, enter the new name of the corporation: Temple of the CyberMage Inc. name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: (Florida street address) New Registered Office Address: .Florida \_\_\_ (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, 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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:  X Change X Remove X Add	PT         John Do           V         Mike Jo           SV         Sally Sr	ones en	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	PT	Michael Slosson	2156 18th St Vero Beach FL. 32960
Remove			
2) Change Add			
Remove 3)Remove Add Remove			
4) Change Add			
Remove			
5) Change Add		<del>.</del>	
Remove			
6) Change Add			
Remove			
(attach additional shee		cles, enter change(s) here: (Be specific)	
N/A	·		
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The date of each amendment(s) add	10/1/2021		if other than the
date this document was signed.			, if other than the
_			
Effective date if applicable:	(no more than 90 days after am		
	(no more than 90 days after am	endment file date)	
Note: If the date inserted in this bloc document's effective date on the Dep	k does not meet the applicable statut artment of State's records.	ory filing requirements, this date	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were adwas/were sufficient for approval	opted by the members and the number.	er of votes cast for the amendment	i(s)

	bers or members entitled to vote on the amendment(s). The amendment(s) was/were and of directors.  10/1/2021
Signature (	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)
	Michael Slosson