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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

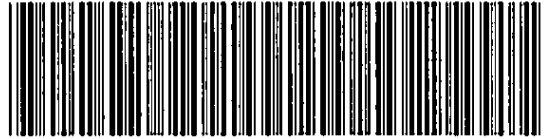
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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COVER LETTER

Department of State
Amendment Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: HOLY SCEPTER CHURCH INC
CORPORATE NAME

Enclosed are an original and one (1) copy of the restated articles of incorporation and a check for:

\$35.00 Filing Fee
 ~~43.75 Filing Fee & Certificate of Status~~

<input type="checkbox"/> \$43.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$52.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Ron Simpson (aka RKO Wells)
Name (Printed or typed)

8362 Pines Blvd Ste 352
Address

Pembroke Pines, FL 33024
City, State & Zip

9543769441
Daytime Telephone number

holyscepterchurch@gmail.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the document.

RESTATED ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S. (Not for Profit)

ARTICLE I NAME

The name of the corporation is: Holy Scepter Church Inc

ARTICLE II RESTATED ARTICLES

The text of the Restated Articles is as follows: Principle place of business remains the same.

The mailing address shall change to:

8362 Pines Blvd Ste 352, Pembroke Pines, FL 33024

Article V - Name and Florida street address of registered agent is RKO Wells, 6701 McKinley Street, Hollywood, FL 33024

Article VI - The name and address of the incorporator shall be RKO Wells, 6701 McKinley Street, Hollywood, FL 33024.

Article VII - Remove all entries. The only entry shall be "Director" and this person is RKO Wells, 6701 McKinley Street, Hollywood, FL 33024

(see details below as provided on electronic form)

ARTICLE III OFFICERS AND/OR DIRECTORS (optional)

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:

Change PT John Doe

Remove V Mike Jones

Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>RKO Wells</u>	<u>6701 McKinley Street</u> <u>Hollywood, FL 33024</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>P</u>	<u>K WELLS</u>	<u>3389 Sheridan Street</u> <u>Hollywood, FL 33024 UN</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>VP</u>	<u>The W Group LLC</u>	<u>6600 Taft Street</u> <u>Hollywood, FL 33024 US</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>SEC</u>	<u>Rescuebits LLC</u>	<u>8362 Pines Blvd Ste 352</u> <u>Pembroke Pines, FL 33024 US</u>
5) <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____

The name and Florida street address (P.O. Box **NOT** acceptable) of the registered agent is:

Name: Ron Simpson aka RKO WELLS
Address: 6701 McKinley Street
Hollywood, FL 33024

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

RKO Wells

Required Signature/Registered Agent

07/29/2021

Date

ARTICLE VI ARTICLE CONSOLIDATION

These adopted restated articles of incorporation supersede the original articles of incorporation and all amendments to them.

ARTICLE VII REQUIRED ADOPTION INFORMATION

Adoption of Amendment(s) (CHECK ONE)

These restated articles of incorporation contain an amendment to the articles of incorporation which required member approval. The date of adoption of the amendments was _____, and the votes cast were sufficient for approval

These restated articles of incorporation were adopted by the board of directors.

ARTICLE VIII EFFECTIVE DATE:

N/A

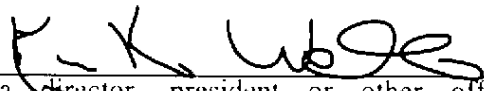
Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Dated: 7/29/2021

Signature: 
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee or other court appointed fiduciary by that fiduciary)

RKO Wells

(Typed or printed name of person signing)

Director

(Title of person signing)