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COVER LETTER

TO: Amendment Section Division of Corporations

• . .

NAME OF CORPORATI	New Life Word Cer	nter Inc				
DOCUMENT NUMBER:	770676	·	-			<u></u>
The enclosed Articles of An	nendment and fee are sub	mitted for filing.				
lease return all correspondence concerning this matter to the following:						
	Ranier Fort_Jones					
	(Name of Contact Person)					
	New Life Word Center Inc					
		(Firm/ Compa	ny)			
	1311 S. Oak Avenue					
	(Address)					
	Sanford, Florida 32771					
	(City/ State and Zip Code)					
	nlwordcenter@yahoo.com					
1	E-mail address: (to be used for future annual report notification)					
For further information con	cerning this matter, please	e call:				
	Ranier Fort_Jones		at	407	324 - 0226 ext. 1	
	(Name of Contact Persor			ca Code)	(Daytime Telephone Number)
Enclosed is a check for the	following amount made p	ayable to the Florid	la Depa	irtment of	State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing For Certified Copy (Additional copy enclosed)		Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)	
Mailing A	Address	•		Address		

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

NEW LIFE WORD CENTER, INC.			
(Name of Corporation as currently filed with the Florida D	Pept. of State)		_
770676			
(Document Number	er of Corporation (if known)		_
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	s, this Florida Not For Profit Corporation adopts t	he followi	ng
A. If amending name, enter the new name of the corporati	ion:		
N/A		The ne	'NU
name must be distinguishable and contain the word "corporat" "Company" or "Co." may not be used in the name.	ion" or "incorporated" or the abbreviation "Corp.		
B. Enter new principal office address, if applicable:	NEW LIFE WORD CENTER INC.		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	1311 S. OAK AVENUE		
	SANFORD, FLORIDA 32771		()
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NEW LIFE WORD CENTER INC.	ZOZO AUG	
	1311 S. OAK AVENUE	-9	
	SANFORD, FLORIDA 32771	Ū	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office agent and/or the new registered agent ag	ddress:	بب ب	
Name of New Registered Agent:	ELDER CARL L. EUDELL		_
	1311 S. OAK AVENUE		_
New Registered Office Address:	(Florida street address)		
S.	ANFORD Slorida 3277	1	_
	(City) (Zip Code)		
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fan Sig	Agent: niliar with and accept the obligations of the position are for the position are	1.	_

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 D V Mike Jo SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1)ChangeAdd	RA P	PATRICIA A. MERTHIE	5300 S. ATLANTIC AVE. #9203 NEW SYMRNA BEACH, FLORII
Remove			PATRICIA A. MERTHIE
2) _x Change Add	RA P	ELDER CARL L. EUDELL	1311 S. OAK AVENUE SANFORD, FLORIDA 32771
Remove 3) × Change Add Remove	VP	MIN. PATRICIA EUDELL	1311 S. PAK AVENUE SANFORD, FLORIDA 32771
4) _x Change Add	<u>s T</u>	MIN. SHIRLEY GUY- WILLIAMS	1311 S. OAK AVENUE SANFORD, FLORIDA 32771
Remove			
5) Change Add	D	KEITH MERTHIE	1311 S. OAK AVENUE SANFORD, FLORIDA 32771
Remove			
6) Change Add	D	DEACON JAMES SHELTON	1311 S. OAK AVENUE SANFORD, FLORIDA 32771
Remove			
E. If amending or additional sheet		icles, enter change(s) here: (Be specific)	
7) ADD	D	VERONICA F. POSTELL	1311 S. OAK AVENUE
		· · · · · · · · · · · · · · · · · ·	SANFORD, FLORIDA 32771
8) REMOVE	D	DR. BERNARD GRANT	1311 S. OAK AVENUE
			SANFORD, FLORIDA 32771

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The date of each amendment	(s) adoption:	, if other than the
date this document was signed.		
	AUGUST 2, 2020	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	is block does not meet the applicable statutory filing requirements, this date will be Department of State's records.	ll not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/we was/were sufficient for ap	ere adopted by the members and the number of votes east for the amendment(s) proval.)

adopted by the board of directors.
AUGUST <u>12</u> , 2020
Signature Cure of Roses
(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)
CAYL L Eudesi
(Typed or printed name of person signing)
δ .
(Title of person signing)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were