

N00000000 8489

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

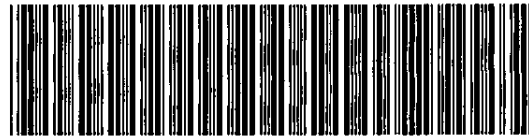
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Amend/R

FILED
12 FEB 13 PM 12:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 13 2012
T. ROBERTS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 2, 2012

PAUL PHIPPS
ANYTIME CHURCH
1204 SW DEL RIO BLVD
PORT ST LUCIE, FL 34953

SUBJECT: ANYTIME CHURCH, INC
Ref. Number: N00000008489

We have received your document for ANYTIME CHURCH, INC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 012A00004068

RECEIVED
12 FEB 13 AM 9:31
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Anytime Church

DOCUMENT NUMBER: N00000008489

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Paul Phipps
(Name of Contact Person)

Anytime Church
(Firm/ Company)

1204 SW Del Rio Blvd
(Address)

Port Saint Lucie, FL 34953
(City/ State and Zip Code)

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

For further information concerning this matter, please call:

Paul Phipps at (772) 201-0593
(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:

<input checked="" type="checkbox"/> \$35 Filing Fee	<input type="checkbox"/> \$43.75 Filing Fee &	<input type="checkbox"/> \$43.75 Filing Fee &	<input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status	Certified Copy	Certificate of Status	Certified Copy
	(Additional copy is	(Additional copy is	
enclosed)	enclosed)	enclosed)	enclosed)

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

Anytime Church, INC

(Name of Corporation as currently filed with the Florida Dept. of State)

N00000008489

(Document Number of Corporation (if known))

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

SENT LIFE Church INC.

The new

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.

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1204 SW Del Rio Blvd.

Port Saint Lucie, FL. 34953

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1204 SW Del Rio Blvd

Port Saint Lucie, FL. 34953

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:

PAUL PHIPPS

1204 SW Del Rio Blvd

(Florida street address)

New Registered Office Address:

Port Saint Lucie, Florida 34953

(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

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TALLAHASSEE, FLORIDA

(Attach additional sheets, if necessary)

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.

XChange PT John Doe

X Remove V Mike Jones

<u>X</u> Add	<u>SV</u>	Sally Smith
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1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="text"/>	<input type="text"/>	<input type="text"/>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="text"/>	<input type="text"/>	<input type="text"/>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="text"/>	<input type="text"/>	<input type="text"/>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="text"/>	<input type="text"/>	<input type="text"/>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="text"/>	<input type="text"/>	<input type="text"/>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="text"/>	<input type="text"/>	<input type="text"/>

[illegible]

The date of each amendment(s) adoption: 1/1/2012

Effective date if applicable: _____
(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 1/30/2012

Signature [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)

Paul Phipps
(Typed or printed name of person signing)

Pastor
(Title of person signing)