1000001287

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (December Name) |
| (Document Number) |
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COVER LETTER

TO: Amendment Section Division of Corporations

| Kingdom Dominion Assembly, Inc | | |
|---|-------------------|----------------------------|
| NAME OF CORPORATION: | | |
| N01000001287 | | |
| DOCUMENT NUMBER: | | |
| The enclosed Articles of Amendment and fee are submitted for filing. | | |
| Please return all correspondence concerning this matter to the following: | | |
| 6576 Winding Greens Drive, Jacksonville, FL 32244 | | |
| (Name of Contact F | Person) | |
| Carol Baker | | |
| (Firm/ Compar | ıy) | |
| Kingdom Dominion Assembly, Inc | | |
| (Address) | | |
| 6576 Winding Greens Drive, Jackonville, FL 32244 | | |
| (City/ State and Zip | Code) | ± ./ // · |
| mrsedb@yahoo.com | | |
| E-mail address: (to be used for future annual re | port notification | 1) |
| For further information concerning this matter, please call: | | |
| Carol Baker | 904 | 699-5211 |
| (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: |

Certified Copy

enclosed)

(Additional copy is

Mailing Address

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

□ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee &

Certificate of Status

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

■\$52.50 Filing Fee

Certified Copy

Certificate of Status

(Additional Copy is Enclosed)

Articles of Amendment to Articles of Incorporation of

Kingdom Dominion Assembly, Inc

| F | Ī | j., | 1.30 | , | 90- | |
|---|---|-----|------|---|-----|---|
| | | | | , | | _ |

| Name of Corporation as currently filed with the Florida | Dept. of State) | 2024 FEB 23 | |
|--|-------------------------------------|------------------------|-------------|
| N01000001287 | | . 2023 | PH 1:3 |
| (Document Num | ber of Corporation (if known) | , | |
| Pursuant to the provisions of section 617,1006, Florida Statu mendment(s) to its Articles of Incorporation: | tes, this Florida Not For Profit Co | orporation adopts the | following |
| A. If amending name, enter the new name of the corpora | tion: | | |
| Kingdom Dominion International, Inc | | | The new |
| name must be distinguishable and contain the word "corpord" (Company" or "Co." may not be used in the name. | ntion" or "incorporated" or the a | bbreviation "Corp." | |
| 3. Enter new principal office address, if applicable: | | | |
| Principal office address <u>MUST BE A STREET ADDRESS</u> |) CAROL BAKER | | |
| | 6576 WINDING GREENS DR. JACKS | ONVILLE, FL 32244 | |
| | | | _ |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | SAME AS ABOVE | | |
| | | | _ |
| | | | _ |
| | | · | |
| If amending the registered agent and/or registered off new registered agent and/or the new registered office | | name of the | |
| | | | |
| Name of New Registered Agent: | | | |
| | (Florida street i | - <i>I</i> formal | |
| New Registered Office Address: | (r toriaa street i | waress) | |
| | | . Florida | |
| | (City) | (Zip Code) | - |
| New Registered Agent's Signature, if changing Registered | l Avent: | | |
| hereby accept the appointment as registered agent. I am for | amiliar with and accept the obliga | tions of the position. | |
| | | | |
| , | Co. 1. 1 | | |
| | Signature of New Registered Agen | i, ij 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 | |
|--|--|--|-----------------|
| Type of Action (Check One) | Title | Name | <u>Addres</u> s |
| 1) Change Add | | | |
| Remove | | - | |
| 2) Change Add | | | |
| Remove 3) Change Add Remove | | <u></u> | |
| 4) Change Add | | | |
| Remove | | | |
| 5) Change Add | | | |
| Remove | | | |
| 6) Change Add | | | |
| Remove | | | |
| E. If amending or addin (attach additional shee | | icles, enter change(s) here: (Be specific) | |
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| The date of each amendment(s) adoption: | | , if other than the |
| date this document was signed. | | |
| | | |
| Effective date if applicable: | o more than 90 days after amendment file date) | _ |
| (III | o more unun 20 auja aper amenament pie aate) | |
| Note: If the date inserted in this block does document's effective date on the Department | not meet the applicable statutory filing requirements, this date will not be tof State's records. | e listed as the |
| Adoption of Amendment(s) | CHECK ONE) | |
| The amendment(s) was/were adopted by was/were sufficient for approval. | y the members and the number of votes cast for the amendment(s) | |

| ···dopici | d by the board of directors. |
|-----------|--|
| | FEBRUARY 19,2024 |
| | Dated // L x // // |
| | Signature WW JW |
| | (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) |
| | CAROL BAKER |
| | |
| | (Typed or printed name of person signing) |
| | |

COVER LETTER

TO: Amendment Section Division of Corporations

| Kingdom Dominion Assembl | y, Inc | |
|--|---|------------------------|
| NAME OF CORPORATION: | | |
| N01000001287 | | |
| DOCUMENT NUMBER: | | |
| The enclosed Articles of Amendment and fee are submitted fo | r filing. | |
| Please return all correspondence concerning this matter to the | following: | |
| 6576 Winding Greens Drive, Jacksonville, FL 32244 | | |
| (Name of | of Contact Person) | |
| Carol Baker | | |
| (Fir | n√ Company) | |
| Kingdom Dominion Assembly, Inc | | |
| | (Address) | |
| 6576 Winding Greens Drive, Jackonville, FL 32244 | | |
| (City/ S | ate and Zip Code) | |
| mrscdb@yahoo.com | · | |
| E-mail address: (to be used for futu | re annual report notification) | |
| For further information concerning this matter, please call: | | |
| Carol Baker | 904 699-3 | 5211 |
| | at | |
| (Name of Contact Person) | (Area Code) (Dayl | time Telephone Number) |
| Enclosed is a check for the following amount made payable to | the Florida Department of State: | |
| | 5 Filing Fee & ■\$52.50 Filing icd Copy Certificate of Certified Copy | Status |

enclosed)

Mailing Address
Amendment Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed)

(Additional Copy is