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DEPARTMENT OF STATE

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Amend + N.C.

JAN 1 1 2012

EXAMINER

COVER LETTER•

TO: Amendment Section Division of Corporations

•	
NAME OF CORPORATION: Lod's House of	Prayer Vahernacle of Praise + Worship Center, Inc.
DOCUMENT NUMBER: No 101000 60 86	of Praise + Worship
The enclosed Articles of Amendment and fee are submitted for filing.	Center, Inc.
Please return all correspondence concerning this matter to the following:)
(Name of Contact Person)	lP
Girage of Contact resons of Sayer	Valernacle of Praise +
4227 West Pensacola (Address)	Vabernacle of Praise to Street Worship Center Inc.
Tallahassee, Flor (City/ State and Zip Code)	vida 32304
Wright Konettal E-mail address: (to be used for future annual re	
For further information concerning this matter, please call:	
(Name of Contact Person) at (850)	345-2018 de & Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida	
□\$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Certified Copy (Additional copy enclosed)	Certificate of Status / is Certified Copy (Additional Copy is enclosed)
Division of Corporations P.O. Box 6327 Clifton E Tallahassee, FL 32314 2661 Exc	ent Section of Corporations

Articles of Amendment

to Articles of Incorporation

Alpha + Omega Kingdom Fellowship Training (Name of Corporation as currently filed with the Florida Dept. of State) (Document Number of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation: Lodo House of Frayer Value nacle of Fraise + Worship The new name must be distinguishable and contain the word "corporation" or "acorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. Center, Inc.
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Street
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: New Registered Office Address: (Florida street address) Yalahassee, Florida 323 (City). (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. If am familiar with and accept the obligations of the position. Signature of New Registered Agent, if changing
Page 1 of 3

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u></u>			L Remove
	-		
			Remove
E. If ame (attach	nding or adding addition additional sheets, if necess	al Articles, enter change(s) here: eary). (Be specific)	
	-		
		<u> </u>	

The date of each amendment(s) adoption of the date of the date of each amendment(s) adoption of the date of	(no more than 90 days after amendment file date)	
Adoption of Amendment(s) The amendment(s) was/were adopt was/were sufficient for approval.	(CHECK ONE) ed by the members and the number of votes cast for the amendment(s)	
There are no members or members adopted by the board of directors.	s entitled to vote on the amendment(s). The amendment(s) was/were	
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