

NO10000008447

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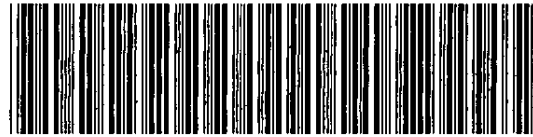


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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8/11/08

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: SACRED AFRICA APOSTOLIC CHURCH USA, INC.

DOCUMENT NUMBER: N01000008447

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

Please return all correspondence concerning this matter to the following:

KEVI LEE JONES

(Name of Contact Person)

(Firm/ Company)

PO BOX 21085

(Address)

WEST PALM BEACH FLORIDA 33416

(City/ State and Zip Code)

For further information concerning this matter, please call:

SHILAH JAMES - SECRETARY

(Name of Contact Person)

at (561) 201 9979 / 561 252 6956

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☒ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is 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

(Attach additional pages if necessary)
(continued)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The date of adoption of the amendment(s) was: MAY 15, 2008

Effective date if applicable: JUNE 15, 2008
(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 was sufficient for approval.
- ☒ There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.

Signature Kevi Lee Jones
(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.)

KEVI LEE JONES

(Typed or printed name of person signing)

DEACON/OFFICER

(Title of person signing)

FILING FEE: \$35