N03000002211

(Re	equestor's Name)	
(Ac	ddress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name	•)
<u></u>	ocument Number)	
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COVER LETTER

TO: Amendment Section Division of Corporations

♥- WORD OF LIFE INTERNAT	FIGNIAL MINICTIDES INC
NAME OF CORPORATION:	HONAL MINES FIRES INC.
DOCUMENT NUMBER: N03000002211	
The enclosed Articles of Amendment and fee are submitted for	filing.
Please return all correspondence concerning this matter to the f	ollowing:
Queen Hinkie	
(Name o	f Contact Person)
	national Ministries, Inc
2260 Palm Brach Blv	
West Palm Beach, T	Address) Londa 33409 ate and Zip Code)
Wolim pastors Q YO E-mail address: (to be used for futur	Lhoo. com e annual report notification)
For further information concerning this matter, please call:	
Queen Hinkle (Name of Contact Person)	at 561 502,0853 (Area Code) (Davtime Telephone Number)
Enclosed is a check for the following amount made payable to t	•
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$43.75 Certificate of Status Certific	Filing Fee & Status ed Copy Certificate of Status ional copy is Certified Copy
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

	of
WORD OF LIFE INTERNATIONAL MINISTRIES IN	NC.
(Name of Corporation as cu	currently filed with the Florida Dept. of State)
N03000002211	
(Document N	Number of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida S amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corp	poration:
Word of Life Intern	mational Fellowship. Inc. The new
name must be distinguishable and contain the word "cor "Company" or "Co." may not be used in the name.	rporation" or "incorporated" or the abbreviation "Corp." or "Inc."
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDR</u>	2260 Palm Beach Lakes Blva Ste 212
	West Palm Brach, F1 33409
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
	West-Pam Beach, FL3241
D. If amending the registered agent and/or registered	d office address in Florida enterth and the Parish
new registered agent and/or the new registered off	
Name of New Registered Agent:	SEX P
	(Florida street address)
New Registered Office Address:	(Fibrida street duaress)
*****	(City) (Zip Code)
New Registered Agent's Signature, if changing Regist	stered Agent: am familiar with and accept the obligations of the position.
A second	j

Signature of New Registered Agent, if changing

	date of each amendment(s) adoption: July 30, 2016, if other than this document was signed.	he
	(no more than 90 days after amendment file date)	
	e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ament's effective date on the Department of State's records.	
Ado	option 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.	
椡	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 $\frac{7/30/20/4}{1000000000000000000000000000000000000$	
	Signature Idd (,)	
	(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)	
	Bonald C. Hinkk	
	(Typed or printed name of person signing)	
	President.	
	(Title of person signing)	

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)	
NA	
NA	

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 <math>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	<u>V</u> <u>Mi</u>	on Doe ke Jones lly Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove			
2) Change Add Remove		****	
3) Change Add			
4) Change Add			
Remove Change Add			
Remove 6)ChangeAddRemove		<u></u>	