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(Re	equestor's Name)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Wisdom Center Place of Fellowship, In
DOCUMENT NUMBER: NOU 0008927
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person)
(Firm/ Company)
1202 N. Maryland Ave. (Address)
Plant City F1. 33563 (City/ State and Zip Code)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Martina Spry at (S13) 380-5688 (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee \$\Begin{array}{ c c c c c c c c c c c c c c c c c c c
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 Clifton Building Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

	of	
Wisdom Control Place	in of followship, be	
(Name of Corporation as curren	ently filed with the Florida Dept. of State)	
N040000	28927	
(Document Numb	nber of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statut amendment(s) to its Articles of Incorporation:	ites, this Florida Not For Profit Corporation adopts the following	
A. If amending name, enter the new name of the corporat	ation:	
Spirit of Fo	ration" or "incorporated" or the abbreviation "Corp." or "Inc."	1710
name must be distinguishable and contain the word "corpora" 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	1506 E. Dr. Martin Luther King Je. Tampa, Fr. 33610	Bivd.
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1202 N. Mayland Ave. Plant City, Pl. 33563	
D. If amending the registered agent and/or registered office and/or the new registered office a		ī
Name of New Registered Agent:	NA	 rı
New Registered Office Address:	(Florida street address)	j
	(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am for	d Agent: familiar with and accept the obligations of the position.	
	NA	
	Signature of New Registered Agent, if 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	<u>V</u> <u>Mik</u>	<u>n Doe</u> e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove		4/4	
2) Change Add Remove			
3) Change Add Remove			
4) Change Add			
Remove 5) Change Add			
Remove			
Add			

ttach additional sheets, if necesso	ury), (Be spec	ific)			
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The date of each amendment(s) adoption:		, if other than the
date this document was signed.		
Effective date if applicable: (no more the	an 90 days after amendment file date)	
(no more me	un 90 days after amenament file date)	
Note: If the date inserted in this block does not meet the document's effective date on the Department of State's	he applicable statutory filing requirements, this date will not be records.	listed as the
Adoption of Amendment(s) (CHECK (<u>ONE</u>)	
The amendment(s) was/were adopted by the member was/were sufficient for approval.	bers and the number of votes east for the amendment(s)	
There are no members or members entitled to vote adopted by the board of directors.	e on the amendment(s). The amendment(s) was/were	
Dated 7/25/1-	1	
Signature Halina	Spm	
•	nan of the board, president or other officer-if directors incorporator – if in the hands of a receiver, trustee, or y by that fiduciary)	
Katin	na Spry	
(Ty _l	ped or printed name of person signing)	
	D	
	(Title of person signing)	