N050000006920

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only

1169-524-



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12/23/19--01031--018 **35.00 12/23/19--01031--019 **8.75

2020 FF 3 26 PH 2: 57

C. GOLDEN 1223 1 4 2529

COVER LETTER

| TO: Amendment Section Division of Corporations | | | 2020 EED OZ 411 O. O. | ~ |
|--|---------------------------|------------------|--|----------|
| NAME OF CORPORATION: Spiv | it Life | Wors | hip Center | J |
| DOCUMENT NUMBER: <u>NOSOO</u> | | | 1 | |
| • | | | <u> </u> | |
| The enclosed Articles of Amendment and fee are sul | omitted for filing, | | | |
| Please return all correspondence concerning this mat | tter to the following: | | | |
| young hast | er.Jr. | | | |
| | (Name of Contact Per | son) | · · · · · · · · · · · · · · · · · · · | |
| <u> </u> | | | | |
| | (Firm/ Company) | | | |
| | | | | |
| | | | | |
| | (Address) | | | |
| | | | | |
| | (City/ State and Zip C | (ode) | | |
| | | | | |
| Elder as ter E-mail address: (to be use | & G Mail | · Cor | 7 | |
| E-mail address: (to be use | ed for future annual repo | ort notification | 1) | |
| For further information concerning this matter, pleas | | | | |
| | | | | |
| | 21 | 863 | 738 - 345 | 3 |
| (Name of Contact Perso | on) (| (Area Code) | (Daytime Telephone Number |) |
| Enclosed is a check for the following amount made p | payable to the Florida D | epartment of | State: | |
| ☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status | _ | Certif Certif | Filing Fee cate of Status ed Copy ional Copy is sed) | |
| Mailing Address | Stre | et Address | | |
| Amendment Section | Ame | endment Sect | | |
| Division of Corporations | | ision of Corpo | | |
| P.O. Box 6327 | | Centre of T | | |
| Tallahassee, FL 32314 | 241 | o in, Monro | Street, Suite 810 | |

Tallahassee, FL 32303



February 11, 2020

YOUNG LASTER, JR. ***2ND MAILING***
1206 EDGEWATER DRIVE
LAKELAND, FL 33805

SUBJECT: SPIRIT LIFE WORSHIP CENTER INC.

Ref. Number: N05000006920

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

Pages 2 and 3 are missing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 820A00002053



January 28, 2020

YOUNG LASTER, JR. 606 INGRAM AVENUE LAKELAND, FL 33801

SUBJECT: SPIRIT LIFE WORSHIP CENTER INC.

Ref. Number: N05000006920

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

Pages 2 and 3 are missing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 820A00002053

10:5:01

www.sunbiz.org

Articles of Amendment

to

Articles of Incorporation of

| Name of Corporation as currently filed with the Florida Dept. of State | |
|--|----------------------------------|
| NOSDODO6980 (Document Number of Corporation (if known) | |
| (Document Number of Corporation (if known) | |
| Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Commendment(s)</i> to its Articles of Incorporation: | Corporation adopts the following |
| Restoration Life Center mame must be distinguishable and contain the word "corporation" or "incorporated" or the distinguishable and contain the word "corporation" or "incorporated" or the distinguishable and contain the word "corporation" or "incorporated" or the distinguishable and contain the word "corporation" or "incorporated" or the distinguishable and contain the word "corporation" or "incorporated" or the distinguishable and contain the word "corporation" or "incorporated" or the distinguishable and contain the word "corporation" or "incorporated" or the distinguishable and contain the word "corporation" or "incorporated" or the distinguishable and contain the word "corporation" or "incorporated" or the distinguishable and contain the word "corporation" or "incorporated" or the distinguishable and contain the word "corporation" or "incorporated" or the distinguishable and contain the word "corporation" or "incorporated" or the distinguishable and contain the word "corporation" or "incorporated" or the distinguishable and contain the word "corporation" or "incorporated" or the distinguishable and contain the word "corporation" or "incorporated" or the distinguishable and contain the word "corporated" or the distinguishable and corporated where the distinguishable and contain the word "corporated" or the distinguishable and corporated where the distinguishable an | Inc. The new |
| name must be distinguishable and contain the word "corporation" or "incorporated" or the | abbreviation "Corp." or "Inc." |
| "Company" or "Co." may not be used in the name. | ٠. ١ ٠. |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | Ingraham Hue. |
| Lake and | Ingraham Ave. |
| | , |
| C. Enter new mailing address, if applicable: | 2011 |
| (Mailing address MAY BE A POST OFFICE BOX) | K 3064 |
| Lakela | nd FL 33802 |
| | |
| | |
| If amending the registered agent and/or registered office address in Florida, enter the new registered agent and/or the new registered office address: | e name of the |
| Name of New Registered Agent: | |
| Hant of New Regimered rigem. | |
| (Florida street | address) |
| New Registered Office Address: | |
| | , Florida |
| (Ciţy) | (Zip Code) |
| New Registered Agent's Signature, if changing Registered Agent: | |
| hereby accept the appointment as registered agent. I am familiar with and accept the obliga- | ations of the position. |
| | |
| Signature of New Registered Agen | nt, 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>PT</u> <u>V</u> <u>SV</u> | John Doc Mike Jones Sally Smith | |
|----------------------------------|------------------------------------|--|-----------------|
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| Change Add | • | | |
| Remove | | * | •. |
| 2) Change Add | | . | |
| Remove 3) Change Add Remove | | | |
| 4) Change Add | | | |
| Remove | | | |
| 5) Change Add | | | |
| Remove | | | |
| 6) Change Add | | | |
| | | Page 2 of 4 onal Articles, enter change(s) here: essary). (Be specific) | |
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| Page 3 of 4 |
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| $\frac{1}{2}$ |
| The date of each amendment(s) adoption: 2[18/20 if other than the |
| date this document was signed. |
| 2/10/20 |
| Effective date if applicable: |
| The date of each amendment(s) adoption: 2/8/30 if other than the date this document was signed. Effective date if applicable: 2/8/20 if other than the date this document was signed. (no more than 90 days after amendment file date) |
| |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the |
| document's effective date on the Department of State's records. |
| Adoption of Amendment(s) (CHECK ONE) |
| Adoption of Amendment(s) (CHECK ONE) |
| ☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) |
| The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval. |

| Dated | 2/18/20 |
|----------|--|
| Signatur | (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) |
| | Cyentria L. Luster |
| | (Typed or printed name of person signing) |

(Title of person signing)