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•		
(Red	questor's Name)	
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Amend. 12/21/10 Dc

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Kingdom Mi	inistrie Glabal 7	Tnc
MAINE OF CORI ORATION. MAINE OF CORI ORATION.	THE GIVER 2	FT IC-
DOCUMENT NUMBER: NOSOOO	011234	
The enclosed Articles of Amendment and fee are submitt	ted for filing.	
Please return all correspondence concerning this matter to	o the following:	
Charmaine	Cumberbatch	
(Name of Cor	ntact Person)	
Kingdom Ministrie	es Global Incompany)	•
P.O.Box (Addr	7 4	
Pinellas Paek (City/State an	FL 3378 ad Zip Code)	0
E-mail address: (to be used for	berbatch a ameritation	ail. Com
For further information concerning this matter, please cal	l:	
Charmaine Cumberbatch (Name of Contact Person)	at (727) 564 - 7 (Area Code & Daytime 1	7300 Telephone Number)
Enclosed is a check for the following amount made payab	ole to the Florida Department of	State:
Certificate of Status	Certified Copy (Additional copy is	□ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section	Street Address Amendment Section	,
Division of Corporations	Division of Corporations	
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Cir	cle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

,	of	رمر المراقع
Kingadam Ministr	ins Glabal Two	· \$ 3
(Name of Corporation as currently fi	iled with the Florida Dept. of Stat	
NUSDOOD	11234	- 35 K
(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 617.1006, Floridathe following amendment(s) to its Articles of Incorpor		ofit Corporation adopts
A. If amending name, enter the new name of the co	orporation:	
The new name must be distinguishable and contain abbreviation "Corp." or "Inc." "Company" or "Co.		rporated" or the
B. Enter new principal office address, if applicable	>•	
(Principal office address MUST BE A STREET ADD		
	 	
		
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
D. If amending the registered agent and/or register new registered agent and/or the new registered		r the name of the
Name of New Registered Agent:		-
New Registered Office Address:	(Florida street address)	-
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Reg		1
I hereby accept the appointment as registered agent position.	t. I am familiar with and accept	the obligations of the
0.	CV D 1 4 16 1	
Signatui	re of New Registered Agent, if chan	ging

removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary) <u>Title</u> <u>Address</u> Type of Action <u>Name</u> Andrea Jackson ☐ Add 3422 Remove 1030003 Stave Mass Ave. B. Add <u>FL. 33/647</u> □ Remove th Ave. Circle North East Advisor Add Add FL 34212 | Remove WY 19(NO+#8 DAY Barbara Campbell Clearwater E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) Add to whate is already written Organization is organized Charitable religious educational and Purposes, in cluding, for Such purposes the making to organizations that qualify as exempt organization under Section 501(0)(3) of the Internal Revenue Code or Corresponding Section of Any Future federal

If amending the Officers and/or Directors, enter the title and name of each officer/director being

The date of each amendment(s) adop	tion: Dec 16, 2010
•	(date of adoption is required)
Effective date <u>if applicable</u> :	Dec 16, 20/0
•	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopte was/were sufficient for approval.	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.	entitled to vote on the amendment(s). The amendment(s) was/were
Dated/2	14/20/0 /Julm
have not be	rman or vice chairman of the board, president or other officer-if directors on selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)
	Charmaine Cumberbutch (Typed or printed name of person signing) President.
	(Title of person signing)