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And

R. WHITE OCT 2 6 2019

2018 OCT 22 PM 3: 02 SECRETARY OF STATE TALLAHASSEE, PATE

## **COVER LETTER**

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations				
NAME OF CORPORATION: $V\partial ICE$	OF THE	Light Ministruer,	INC	
DOCUMENT NUMBER: NO60000	05819			
The enclosed Articles of Amendment and fee are subm	itted for filing.			
Please return all correspondence concerning this matter	to the following:			
L. EMERSON F	Name of Contact Person	n)		
VOICE OF THE	(Firm/ Company)	VISTRIOS, JUC	<del></del>	
POBX 3418	(Address)			
Ponte Veora, F	City/ State and Zip Code	2004	<del></del>	
emerson e Vo	OLCO OC -	Hullicht, Com	<u>~</u>	
For further information concerning this matter, please c	rall:			
(Name of Contact Person)	at	ea Code) (Daytime Telephone Number	) 5	
Enclosed is a check for the following amount made pay			,	
<b>\</b> ,		_		
\$35 Filing Fee S43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)		
Mailing Address		Address		
Amendment Section Division of Corporations	Amendment Section Division of Corporations			

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301 Articles of Amendment

## FILED

Articles of Incorporation

2018 OCT 22 PM 3: 02

	of	2018 OCT 22 PM 3: 02
VOICE OF THE	CIGHT MI	WESTAINES STATE IN
(Name of Corporation a	s currently filed with the Flor	ida Deptiof State) SSEE, FL
(Docume	nt Number of Corporation (if kr	nown)
Pursuant to the provisions of section 617,1006, Floric imendment(s) to its Articles of Incorporation:	la Statutes, this Florida Not Foo	r Profit Corporation adopts the following
A. If amending name, enter the new name of the c	orporation:	
	<del></del>	The new
name must be distinguishable and contain the word ' 'Company" or "Co." may not be used in the name.	'corporation" or "incorporatea	l" or the abbreviation "Corp." or "Inc."
3. Enter new principal office address, if applicabl Principal office address <u>MUST BE</u> A STREET AD		
	<del></del>	
Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BO</u>	<u>2X</u> )	
). If amending the registered agent and/or registe	ered office address in Florida	enter the name of the
new registered agent and/or the new registered		THE
Name of New Registered Agent:		
None Processed Office Schlesse	(Flo	orida street address)
<u>New Registered Office Address:</u>		
_		Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Re		
hereby accept the appointment as registered agent.	Lam familiar with and accept	the obligations of the position.
	Signature of New Regist	ered 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: <u>X</u> Change <u>X</u> Remove <u>X</u> Add	PT John Doe  Y Mike Jones  SV Sally Smith
Type of Action (Check One)	Title Name Address POBOX 333
1)Change	HERNANDEZ, CHEMIL PONK VEDRA FI 32082
Add	
2) Change	Liahnoron, FRIAN 191 Bermuda C.  Punto Vedra, F1 3208
Add	
3 ) Change Add	
Remove	Caller Change and the
4) Change	Collins ShanA 231 Christing CT.  Peachtnee C. + 4  Concra, 30.269
Remove	-CZONGIA, 30.269
5) Change Add	
Remove	
6) Change	
Add	<del></del>
Remove	

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)						
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<del>-</del>					<del>.</del>	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.  Effective date if applicable:     O   15   18	
(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and the number of votes east for the amendment was/were sufficient for approval.	u(s)
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 10/15/18	
Signature	
(By the chairman or vice chairman of the board, president or other officer-if directo have not been selected, by an incorporator – if in the hands of a receiver, trustee, of other court appointed fiduciary by that fiduciary)	
L. EMERSON FELREII	_
(Typed or printed name of person signing)	
PRESIDENT	

(Title of person signing)