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Office Use Only



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FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

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COVER: LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: KIND | don Building | Dutreach Ninistry INC. |
|--|--|---|
| DOCUMENT NUMBER: __\/O60 | 00006559 | |
| The enclosed Articles of Amendment and fe | e are submitted for filing. | |
| Please return all correspondence concerning | this matter to the following: | |
| <u>GUZETTE</u> | HESTER me of Contact Person) | |
| | (Firm/ Company) | |
| 1867 XIW | 695+ (Address) | • |
| MIAMI F/ | 33 / 47 y/ State and Zip Code) | |
| For further information concerning this matt | er, please call: | |
| SUZE HE HESTER (Name of Contact Person) | at (<u>786</u>) <u>324</u> (Area Code & Daytim | ne Telephone Number) |
| Enclosed is a check for the following amoun | t made payable to the Florida De | epartment of State: |
| \$35 Filing Fee \$\bigcup \$43.75 Filing Fee & Certificate of Status | \$\bigsquare\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | \$\frac{\textbf{X}}{\textbf{X}}\$\$\\$\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| 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 C | |

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 10, 2008

SUZETTE HESTER 1867 NW 69 ST. MIAMI, FL 33147

SUBJECT: KINGDOM BUILDING OUTREACH MINISTRY, INC.

Ref. Number: N06000006559

We have received your document for KINGDOM BUILDING OUTREACH MINISTRY, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

Please check the spelling of (KINGDOM) in the new name.

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) 245-6964.

Irene Albritton Regulatory Specialist II

Letter Number: 508A00059899

RECEIVED

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SECRETARY OF STATE
ALL AHASSEE, FI ORIDA

Articles of Amendment

Articles of Incorporation (Name of Corporation as currently filed with the Florida Dept. of State

Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

| A. If amending name, enter the new name o | f the corpora | tion: | |
|--|-------------------|---------------------------|-----------------------------|
| Kingdom Building F. | AIth | MINISTRY IN | <i>1C</i> , |
| The new name must be distinguishable and combined the state of the sta | contain the wo | rd "corporation" or "in | corporated" or the |
| B. <u>Enter new principal office address, if applic</u> Principal office address <u>MUST BE A STREET</u> | | 11915 NE | |
| | <u>EI ADDKESS</u> |) <u>MIAMI Fl</u> | 3316/ |
| | | | |
| C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI | | 11915 NE 1 | |
| | | MIAMI F | 3316/ |
| | | | |
| D. If amending the registered agent and/or new registered agent and/or the new regi | | | nter the name of the |
| Name of New Registered Agent: | | | |
| wame of New Registered Agent. | | | |
| New Registered Office Address: | (Fi | orida street address) | |
| | | | , Florida |
| | | (City) | (Zip Code) |
| New Registered Agent's Signature, if changi | ing Registered | l Agent: | |
| hereby accept the appointment as registere position. | | | cept the obligations of the |
| | | | |
| | Signature of N | ew Registered Agent, if c | hanging |

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) <u>Title</u> <u>Name</u> <u>Address</u> Type of Action ☐ Add ■ Remove ☐ Add ☐ Remove Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

| The date of each amendment(s) adoption: Dec. 2 2008 | | |
|---|---|--|
| Effective date <u>if applicable</u> : | (no more than 90 days after amendment file date) | |
| Adoption of Amendment(s) | (CHECK ONE) | |
| The amendment(s) was/we was/were sufficient for app | re adopted by the members and the number of votes cast for the amendment(s) roval. | |
| There are no members or adopted by the board of dis | members entitled to vote on the amendment(s). The amendment(s) was/were rectors. | |
| Dated | Dec 2. 2008 | |
| (By hav | the chairman or vice chairman of the board, president or other officer-if directors te not been selected, by an incorporator – if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary) | |
| | Suzette Hester (Typed or printed name of person signing) | |
| | President Directors (Title of person signing) | |