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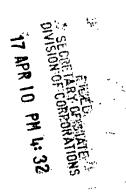
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATIO	N:K	ngdom	Comm	<u>unities</u>	Inc.	_
DOCUMENT NUMBER: _	NOTO	0000011	74		<u></u>	
The enclosed Articles of Ame	endment and fee are subm	itted for filin	g.			7
Please return all corresponde	nce concerning this matter	to the follow	/ing:			
		Patty	Sodn	nont		
	(Name of Cor				
		Kingdom (Firm/Co	Comm	unities,	Inc.	
		(Firm/ Co	ompany)			
	104	121 Jo	hnny	Dans-	TraiL	
		(Add	ress)			
		Lithia	FL 3	3547		
	(City/ State ar	nd Zip Coo	ie)		_
	KC	cityplan	e aol	. com		
E	mail address: (to be used	or future and	iual report	notification	1)	_
For further information conce	erning this matter, please c	all:				
Pa	Hy Sodmont		at	813-	777-987/ (Daytime Telephone Number)	
1	Name of Contact Person)		(A	rea Code)	(Daytime Telephone Number)	
Enclosed is a check for the fo	llowing amount made pay	able to the F	lorida Dep	artment of	State:	
\$35 Filing Fee	□\$43.75 Filing Fee & □ Certificate of Status	3\$43.75 Filition Certified Conditional enclosed)	ору	Certif Certif	0 Filing Fee ficate of Status fied Copy tional Copy is osed)	
Mailing A Amendmer				t Address dment Sect	ion	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

Kingdom Communities Inc. (Name of Corporation as currently filed with the Florida Dept. of State)

N07000001174

(Document	Number of Corporation	(if known)
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this <i>Florida No</i>	t For Profit Corporation adopts the following
A. If amending name, enter the new name of the cor	poration:	
CITY i	PLAN INC.	The new
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	orporation" or "incorpoi	
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 BOX	<i>(</i>)	·
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	ed office address in Flor office address:	ida, enter the name of the
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:		(Florida street address)
The state of the s		
	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Regi	stared Agent:	
I hereby accept the appointment as registered agent.	am familiar with and ac	cept the obligations of the position.
	Signature of New R	egistered 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>PT</u> <u>V</u> <u>SV</u>	John Do Mike Jo Sally Sn	nes		
Type of Action (Check One)	<u>Title</u>		Name		<u>Addres</u> s
1) Change Add					
Remove				-	
2) Change Add	•	-		-	
Remove					
3) Change Add		-		-	
Remove					
4) Change Add	 	_		-	
Remove					
5) Change		_		-	
Add					
6) Change	·	_		-	
Add					
Remove					

If amending or adding additional sheets, if necessity	onal Articles, enter char essary). (Be specific)	nge(s) here:		
<u> </u>	· · · · · · · · · · · · · · · · · · ·			
William Co.				18 · 18 · 1
			<u> </u>	
				·
				<u> </u>
	·			

The date of each amendment(s) a date this document was signed.	adoption: <u>6-27-16</u>	, if other than the
Effective date if applicable:	6-27-16	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the D	plock does not meet the applicable statutory filing requirement of State's records.	ts, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were was/were sufficient for appro	adopted by the members and the number of votes cast for the eval.	e amendment(s)
There are no members or mer adopted by the board of direct	mbers entitled to vote on the amendment(s). The amendment ctors.	(s) was/were
Dated	4-5-17	
Signature	Jak me for	
(By the change have not be	airman or vice chairman of the board, president or other office been selected, by an incorporator – if in the hands of a receive rt appointed fiduciary by that fiduciary)	
	Patricia M. Sodmont	
	(Typed or printed name of person signing)	
	Founder + President	-
	(Title of person signing)	