

N07000001540

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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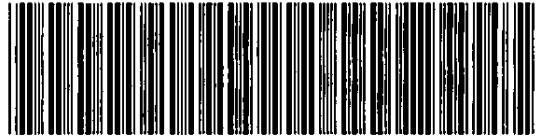
(Business Entity Name)

(Document Number)

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Amend
C.COULLETTE
NOV 20 2009
EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Global Life Mission, Inc
(Name of Corporation)

DOCUMENT NUMBER: NO700 0001540

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kathy J Steele
(Name of Person)

Global LIFE Mission, Inc.
(Name of Firm/Company)

1855 West State Rd., Suite #222
(Address)

Longwood, FL. 32750
(City/State and Zip Code)

For further information concerning this matter, please call:

Kathy J. Steele at (407) 831 0062 x203
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Articles of Amendment
to
Articles of Incorporation
of

Global Life Mission

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

No 7000001540

(Document Number of Corporation (if known))

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 of the corporation:

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.

B. Enter new principal office address, if applicable:
(Principal office address **MUST BE A STREET ADDRESS**)

C. Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

New Registered Office Address:

(Florida street address)

_____, Florida
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

.(Attach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>SD</u>	<u>Ariana E Vergara</u>	<u>109 Stonehenge CT</u> <u>Sanford FL 32771</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>TD</u>	<u>Rosemary Santos</u>	<u>1855 W. State Rd 434</u> <u>Suite 222</u> <u>Longwood FL 32750</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>SD, TD</u> <u>VPD</u>	<u>Kathy Steele</u>	<u>710 Arnold St</u> <u>Altamonte Springs</u> <u>FL 32701</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

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

[illegible]

The date of each amendment(s) adoption: 11-09-09

(date of adoption is required)

Effective date if applicable: 11-10-09

(no more than 90 days after amendment file date)

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) was/were sufficient for approval.

☒ 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 11-09-09

Signature Kathy Steele

(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)

Kathy L. Steele
(Typed or printed name of person signing)

VPD,
(Title of person signing)