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(Re	questor's Name)	
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COVER LETTER

TO: Amendment Section Division of Corporations

ACE FAITH KINGDOM FELLOWSHIP, INC.

N07000004075

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANGELA PARRISH

(Name of Contact Person)

ACE FAITH KINGDOM FELLOWSHIP, INC.

(Firm/ Company)

P.O. BOX 772603

(Address)

ORLANDO, FL 32877

(City/ State and Zip Code)

ACE@ACEFAITHKINGDOM.ORG

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANGELA PARRISH

(Name of Contact Person)

Enclosed is a check for the following amount made payable to the Florida Department of State:

■ \$35 Filing Fee
■\$43.75 Filing Fee & ■\$43.75 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

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

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

Articles of Amendment to Articles of Incorporation

Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following

of WSHIP INC

ACE FAITH KINGDOM FELLOWSHIP, INC.

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

N07000004075

amendment(s) to its Articles of Incorporation:

(Document Number of Corporation (if known)

N/A			The ne
name must be distinguishable and contain "Company" or "Co." may not be used in		ration" or "incorporated" or the abbreviation	n "Corp." or "Inc.
B. Enter new principal office address,	f applicable:	N/A	
Principal office address <u>MUST BE A ST</u>	<u>KEET ADDRES.</u>		
C. Enter new mailing address, if appli- (Mailing address MAY BE A POST (N/A	
			.
		fice address in Florida, enter the name of the	<u>ne</u>
D. If amending the registered agent and new registered agent and/or the new Name of New Registered Agent:			<u></u> 1 <u>e</u>
new registered agent and/or the new Name of New Registered Agent:	registered office		n <u>e</u>
new registered agent and/or the new	registered office	address:	<u>ne</u>
new registered agent and/or the new Name of New Registered Agent:	N/A	(Florida street address)	ne (Zip Code)

Page 1 of 4

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>V</u> <u>Mik</u>	n <u>Doe</u> te <u>Jones</u> y Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
Change X Add Remove	<u>TR</u>	JON EASON	P.O. BOX 772603 ORLANDO, FL 32877
2) X Change Add	TR	GIGI PALMER	P.O. BOX 772603 ORLANDO, FL 32877
Remove 3) Change Add Add	<u>O</u>	JOSE FLORES	P.O. BOX 772603 ORLANDO, FL 32877
Add Remove			
Remove Add Remove		 -	
6) Change Add Remove			

E. If amending or adding additional Articular (attach additional sheets, if necessary).	(Be specific)
N/A	
······································	
W-1-10-1	

T he	, if other than the		
date this document was signed. Effective date if applicable:		10/21/2014	
		(no more than 90 days after amendment file date)	
Add	option of Amendment(s)	(CHECK ONE)	
	The amendment(s) was/w was/were sufficient for ap	vere adopted by the members and the number of votes cast for the amendment(s) oproval.	
	There are no members or adopted by the board of o	members entitled to vote on the amendment(s). The amendment(s) was/were directors.	
	Dated 10/	/21/2014	
	Signature	angula Parriel	
	(By the	chairman or vice chairman of the board, president or other officer-if directors	
		not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)	
	ANGE	LA PARRISH	
		(Typed or printed name of person signing)	
	SECR	ETARY	
		(Title of person signing)	