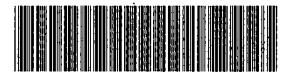
## N07000011694

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Amend News 3-31-10

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: <u> </u>	Kingdom Impac	t Mini	stries	Internation	onal Inc.
DOCUMENT NUM	BER:	N070000116	694			
The enclosed Articles	of Amendm	ent and fee are subm	itted for	filing.		
Please return all corre	espondence c	oncerning this matter	to the f	ollowing	g:	
		Eula	Nelso	n		
	· -	(Name of C	ontact P	'erson)		
		CDC CONS	ULTIN	G FIR	М	
	<u> </u>	(Firm/ C	Compan	y)		
		4699 North	SR 7,	Suite :	Z	
		(Ad	dress)			
		Tamarac,	FL	33319		
		(City/ State	and Zip	Code)		
	E-mail	address: (to be used f	or futur	e annual	report notif	ication)
For further information	on concerning	this matter, please c	all:			
Eula Nelson			at (	954	309-42	280
(Name	of Contact P	erson)		(Area	Code & Day	time Telephone Number
Enclosed is a check for	or the follow	ng amount made pay	able to	the Flori	da Departme	ent of State:
□ \$35 Filing Fee	Certificate	Filing Fee & e of Status	Certif	ied Copy tional co sed)	ppy is	☐ \$52.50 Filing F Certificate of State Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			Ameno Divisio Clifton 2661 E	Address  Idment Section on of Corpora in Building Executive Cen assee, FL 323	tions iter Circle	

## Articles of Amendment to Articles of Incorporation of

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Kingdom Impact Ministrie  (Name of Corporation as currently file	es International Inc	SECRETARY DE CO
		of State VALLAHASSEE, FLO
N070001 (Document Number of C		
·	, , ,	
ursuant to the provisions of section 617.1006, Florida to following amendment(s) to its Articles of Incorporate		For Profit Corporation adopts
. If amending name, enter the new name of the cor	poration:	
he new name must be distinguishable and contain the bbreviation "Corp." or "Inc." "Company" or "Co."	ne word "corporation" or may not be used in the nar	"incorporated" or the <b>ne</b> .
. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	0	
If amending the registered agent and/or registere new registered agent and/or the new registered or		a, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
		, Florida
	(City)	(Zip Code)
ew Registered Agent's Signature, if changing Registhereby accept the appointment as registered agent. sition.	tered Agent:  1 am familiar with and	accept the obligations of the
Signature	of New Registered 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)

<u>Title</u>	<u>Name</u>		<u>Address</u>	Type of Actio
				☐ Add ☐ Remove
				☐ Add☐ Remove
				Add Remove
(attach add ARTICLE I This corpor	itional sheets, in II - PURPOS ation is organ	fnecessary). (Be s E nized exclusively	for Religious, Char	itable and Educational
,			(0)0 0 0 0 0	
_				

The date of each amendmen	t(s) adoption: 3/1/2010
Effective date <u>if applicable</u> :	3/1/2010
	(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	ere adopted by the members and the number of votes cast for the amendment(s) proval.
✓ There are no members or adopted by the board of di	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.
	the chairman or vice chairman of the board, president or other officer-if directors
	re not been selected, by an incorporator — if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary)
	Cornelius Graham
	(Typed or printed name of person signing)
	President/Director
	(Title of person signing)