N07000011494

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SECRETARY OF STATE OF TALL AHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Kingdom Impact Ministries International Inc.			
DOCUMENT NUMB	ER: <u>N07000011694</u>		
The enclosed Articles	of Amendment and fee are sub	mitted for filing.	
Please return all corres	pondence concerning this matt	er to the following:	
		a Nelson	
	(Name of	Contact Person)	
	CDC C	onsulting Firm	
	(Firm	/ Company)	
4699 North SR 7, Suite Z (Address)			
	(F	address)	
	Tamarao	, FL 33319	
	(City/ Stat	e and Zip Code)	
nealgraham@msn.com E-mail address: (to be used for future annual report notification)			ition)
For further information concerning this matter, please call:			
Eula Nelson		at (954 ₎ 309-428	0
	f Contact Person)		ne Telephone Number)
Enclosed is a check for	the following amount made p	ayable to the Florida Department	of State:
\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	g Address	Street Address	,
	ment Section n of Corporations	Amendment Section Division of Corporatio	ns
P.O. Box 6327		Clifton Building	
Tallaha	ssee, FL 32314	2661 Executive Center	Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as cu	rrently filed with the Florida Dept. of	State)
(Document N	lumber of Corporation (if known)	
suant to the provisions of section 617.100 following amendment(s) to its Articles of		or Profit Corporation ac
If amending name, enter the new name	e of the corporation:	
new name must be distinguishable and reviation "Corp." or "Inc." <u>"Company</u>		
Enter new principal office address, if a		-
incipal office address <u>MUST BE A STRI</u>		
		<u>.</u> _
Enter new mailing address, if applicat	nle:	
(Mailing address MAY BE A POST OF		
		,
If amending the registered agent and/o		enter the name of the
new registered agent and/or the new re	egistered office address:	
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
		, Florida
	(City)	(Zip Code)
Registered Agent's Signature, if chan reby accept the appointment as register tion.		ccept the obligations of
_		
	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>	Name	Address	Type of Action	
			Add Remove	
			Add Remove	
			☐ Add ☐ Remove	
(attach addit	g or adding additional Articles, enter tional sheets, if necessary). (Be specifor IX - Dissolution Provisions	îc)	of all	
	all be distributed for one or more			
	(c)(3) of the Internal Revenue Cod		 	
Federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose.				
government	ior a public purpose.			
	· · · · · · · · · · · · · · · · · · ·			

The date of each amendment(s) adoption: March 29, 2010		
	(date of adoption is required)	
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/were awas/were sufficient for approva	dopted by the members and the number of votes cast for the amendment(s) al.	
There are no members or mem adopted by the board of directors	nbers entitled to vote on the amendment(s). The amendment(s) was/were ors.	
Dated	Cornelius Croha	
(By the	chairman or vice chairman of the board, president or other officer-if directors of been selected, by an incorporator – if in the hands of a receiver, trustee, or ourt appointed fiduciary by that fiduciary)	
	Cornelius Graham	
_	(Typed or printed name of person signing)	
_	President	
-	(Title of person signing)	