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Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: FAITH	TEMPLE: FATHER SON & HOLY GHOST TEMPLE CQ
DOCUMENT NUMBER: N08000004	753.
The enclosed Articles of Amendment and	fee are submitted for filing.
Please return all correspondence concerni	ing this matter to the following:
MICHAEL BURRELL.	
(Name of Contact Person)
CHURCH	
,	(Firm/ Company)
415 COLUMBIA COURT	
	(Address)
KISSIMMEE FL 34759.	
(City/ State and Zip Code)
For further information concerning this m	natter, please call:
MICHAEL BURRELL	at (321) 284-3632
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amo	ount made payable to the Florida Department of State:
\$35 Filing Fee \$Certificate of Status	
Mailing Address Amendment Section	Street Address Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301

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Articles of Amend	lment	
to	0	
Articles of Incorpo	ration For T	
of	(编章 [
Faith Temple: Father Son +	the Florida Dept. of State	
N000000047	70. 1	
(Document Number of Corporate		
Pursuant to the provisions of section 617.1006, Florida Statutes, the following amendment(s) to its Articles of Incorporation:	this Florida Not For Profit Corporation adopts	
A. If amending name, enter the new name of the corporation	<u>n:</u>	
FAITH TEMPLE TRINITY CORP.		
The new name must be distinguishable and contain the word abbreviation "Corp." or "Inc." "Company" or "Co." may not		
B. Enter new principal office address, if applicable:	415 COLUMBIA COURT	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	KISSIMMEE FL 34759	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	415 COLUMBIA COURT KISSIMMEE FL 34759.	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office add		
Name of New Registered Agent: MICHAEL BL	JRRELL	
New Registered Office Address: 511 ELBRIDG	GE PLACE ida street address)	
KISSIMMEE	, Florida_34758.	
	(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered A	gent:	
I hereby accept the appointment as registered agent. I am position.	familiar with and accept the obligations of the	
Signature of New	Registered Agent, if changing	

Page 1 of 3

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>	Address	Type of Action
Secret	TAMEEKA BEMBRIDGE	DONT KNOW.	Add Remove
Secret	VALDA STEVENSON		☑ Add ☐ Remove
Treas	ANNICK RICHARDSON		☑ Add ☐ Remove
	g or adding additional Articles, enter clional sheets, if necessary). (Be specific		
			

The date of each amendment(s) adoption: <u>January 4, 2009</u>				
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)			
	(no more than 90 days after amenament 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.			
Dated Jan	Michael Annell.			
(By	the chairman or vice chairman of the board, president or other officer-if directors to not been selected, by an incorporator – if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary)			
	MICHAEL BURRELL. (Typed or printed name of person signing)			
	PASTOR/PRESIDENT (Title of person signing)			
	(Title of person signing)			