N08000007372

(Red	questor's Name)	
. (Add	dress)	
(Ado	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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TALL SECRETARY OF STATE AND AN AN SEE. FLORID.

CRM 1-14-15

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Perrine Ne	w Testament	Church of God	, Inc.
DOCUMENT NUMBER: NO800007	7372		
The enclosed Articles of Amendment and fee are sub	mitted for filing.		
Please return all correspondence concerning this matt	er to the following:		
Donna Thompson			
	(Name of Contact Person)	
Perrine New Testament	Church of G	od, Inc	
	(Firm/ Company)		·····
10190 SW 168th Street			TALE 5
	(Address)		10000000000000000000000000000000000000
Miami Florida 33157			ASS.
	(City/ State and Zip Code	2)	mg 3
newtestament.pe	r@att.net		AM 9: 12 FE FLORID
•	d for future annual report r	notification)	- REA 2
For further information concerning this matter, please	e call:		·
Donna Thompson	_{at (} 305	, 251-1327	
(Name of Contact Person)	(Area Co	ode & Daytime Telephone	Number)
Enclosed is a check for the following amount made p	ayable to the Florida Depa	rtment of State:	
□ \$35 Filing Fee	□\$43.75 Filing Fee & 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	Amend	Address ment Section n of Corporations	

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Perrine New Testament Ch	urch of God,	lnc.	
(Name of Corporation as currently file	ed with the Florida D	ept. of State)	
N08000007372			
(Documen	t Number of Corporat	on (if known)	
Pursuant to the provisions of section 617.1006, amendment(s) to its Articles of Incorporation:	, Florida Statutes, this	Florida Not For Profit Co	rporation adopts the following
A. If amending name, enter the new name o	f the corporation:		
Kingdom Builders Ministries	of Miami, FL	Inc.	The new
name must be distinguishable and contain the "Company" or "Co." may not be used in the i		"incorporated" or the ab	
B. Enter new principal office address, if app (Principal office address <u>MUST BE A STREI</u>			
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI			SECTION TO
(Mulling duaress MAT BE A POST OFF)	<u>CE BOX</u>)		
			- β ω 1
			For F
D. If amending the registered agent and/or new registered agent and/or the new reg			TARY OF STATE FLORID
Name of New Registered Agent:		-	→
—— New Registered Office Address:	(Florida	street address)	
		, Flori	i.d.o
	(City)	, FIOI	(Zip Code)
New Registered Agent's Signature, if change I hereby accept the appointment as registered to	agent. I am familiar v	vith and accept the obligat	
Sig	gnature of New Registe	red Agent, if changing	

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.

Exan <u>X</u> C <u>X</u> R <u>X</u> A	Change Lemove	<u>V</u> <u>M</u>	hn Doe ike Jones Ily Smith	
	of Action ck One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) _	Change	TR	Ransford Escoffery	10190 SW 168th Street
<u> </u>	(Add			Miami, FL 33157
	Remove			
2) _	Change			-
_	Add			
_	Remove			
3)_	Change			
_	Add			
_	Remove			
4) _	Change			
_	Add			
_	Remove			
5) _	Change			
_	Add			
_	Remove			
6) _	Change			
_	Add			
	Remove			

attach additional sheets, if necessary).	(Be specific)
	-

	e date of each amendment(s) adoption:	, if other than the
Effe	ective date if applicable:	
	(no more than 90 days after amendment file date)	
Ado	option 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 January 08, 2015	
	Signature	
	(By the charmon 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)	_
	James Walden	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	