N08788

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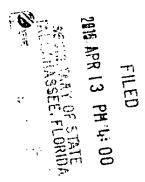
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COVER LETTER

TO: Amendment Section

Division of Corporations		
NAME OF CORPORATION:	International Fe	ellowship of Churches, Inc
DOCUMENT NUMBER: NO8788		
The enclosed Articles of Amendment and fee are subr	nitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
Dr. Davina Jones		
	(Name of Contact Perso	on)
Greater Love Spiritual	Center	
•	(Firm/ Company)	
5450 Bruce B. Downs Bl	vd. #368	
	(Address)	
Wesley Chapel, FL. 3354	44	
	(City/ State and Zip Coo	ie)
efrandall@verizor		
E-mail address: (to be used For further information concerning this matter, please	•	nouncation)
Dr. Davina Jones	_{at (} 904	485-2873
(Name of Contact Person)	(Area C	Code & Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida Dep	eartment 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)
Mailing Address		Address
Amendment Section Division of Corporations		dment Section on of Corporations
P.O. Box 6327		n Building
Tallahassee, FL 32314		Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

Mountain Top International Fellowship of Churches, Inc.	Mountain To	p International	Fellowship of	Churches, Inc
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FILED

(Name of	Corporation	as currently	filled wit	th the F	<u>lorida D</u>	ept. of State)
100700						

22815 APR 13 PM 4:00 N08788 (Document Number of Corporation (if known) 老年Q中,海湾YOF STATE Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Comporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: Greater Love Spiritual Center, Inc. name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co," may not be used in the name. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Dr. Davina Jones Name of New Registered Agent: 6124 Weatherwood Cir. (Florida street address) New Registered Office Address: Wesley Chapel (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered about. I am familiar with and accept the obligations of the position. Stenature of New Registered 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.

Example: X Change X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change			
Add			
2) Change			
Add Remove			
3) Change		_	
Add			
4) Change			
Add			
5) Change			
Add			
Remove			***************************************
6) Change			
Remove			

If amending or adding additional A attach additional sheets, if necessary)	(Be specific)		
			
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date this document was signed.	, it other than the
Effective date if applicable:	_
(no more than 90 days after amendment file date)	
Adoption 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 April 6, 2015 Signature	
(By the chairman 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)	
Dr. Davina Jones	
(Typed or printed name of person signing)	
President	
(Title of person signing)	