## N09000002584

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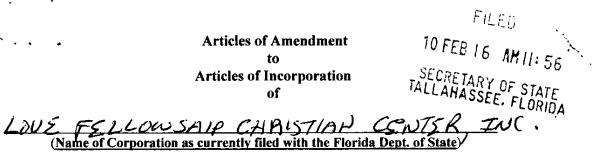
AMERICA

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: LOVE FELLOWSHIP CHRISTIAN CENTER, INC.
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Ptlas Bunkin (Name of Contact Person)
LOUE FELLOWSHIP CHRISTIAN CENTER,
(Firm/ Company)
1836 E. 14h Street
Jacksonville, FL 32206 (City/State and Zip Code)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
AHas Rankin at (904) 477-8207 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
□\$35. Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status  (Additional copy is Certificate Copy
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Control of Corporations Clifton Building Control of Corporations Control of

## **Articles of Amendment** to **Articles of Incorporation** of



N09000002584	
(Document Number of Co	rporation (if known)
Pursuant to the provisions of section 617.1006, Florida St he following amendment(s) to its Articles of Incorporation	
A. If amending name, enter the new name of the corpo	pration:
	NA
The new name must be distinguishable and contain the abbreviation "Corp." or "Inc." "Company" or "Co." m	
B. Enter new principal office address, if applicable:  Principal office address MUST BE A STREET ADDRE	ess) MA
	<del></del> /
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NIA
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 offi	
Name of New Registered Agent:	NA
N. D 1000 A.U.	
New Registered Office Address:	(Florida street address)
	, Florida (City) (Zip Code)
S. D. Maria I. A	
New Registered Agent's Signature, if changing Registe hereby accept the appointment as registered agent. position.	
	NA
Signature o	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)

Title <u>Name</u> Address **Type of Action** ☐ Add ☐ Remove ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) To operate exclusively for charitable, religious, and educational purposes within the meaning of section 501 (c)(3) of the Interna Revenue Code of 1986 or any corresponding provosion of any future United States Internal Revenue Law.

The date of each amendment(s) adoption:
(date of adoption is fequired)  Effective date if applicable: 1'Same as a constant of the cons
(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 02/09/10
Signature(By the chairman or vice 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, o
other court appointed fiduciary by that fiduciary)
Atlas Rankin
(Typed or printed name of person signing)
Pastor / Director
(Title of person signing)