N10000000223

	•	
(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
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(Dc	ocument Number)	
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Amend & MC

TB.

APR 1 4 2010

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Kingdom Exp.	ansion Fellowship, Inc	<u>. </u>
DOCUMENT NUM	BER: N10000000223		
The enclosed Articles	of Amendment and fee are sul	bmitted for filing.	
Please return all corre	espondence concerning this man	tter to the following:	
	Pastor E	rvin A. Jones, III	
	(Name of	f Contact Person)	
	(Firm	n/ Company)	
•		m Turner Road	relation to the control of the contr
	(Address)	
		lle, Florida 32208	
	(City/ Sta	te and Zip Code)	
		ingEAJ@aol.com ed for future annual report noti	fication)
For further information	on concerning this matter, pleas	e call:	
Pastor Ervin A. Jo		at (904) 757-3 (Area Code & Day	927
(Name	of Contact Person)	(Area Code & Day	ytime Telephone Number)
Enclosed is a check for	or the following amount made p	payable to the Florida Departm	ent 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)
	ng Address Idment Section	Street Address Amendment Section	•
Amendment Section Division of Corporations		Division of Corpor	
P.O. Box 6327		Clifton Building	
Tallahassee, FL 32314		2661 Executive Cer	nter Circle

Tallahassee, FL 32301

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

ALLARIA SEE OF STAIL Kingdom Expansion Fellowship, Inc. (Name of Corporation as currently filed with the Florida Dept. of State N10000000223

(Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the	corporation:	
The Restoration @ Life	Changing Ministries, Inc.	
he new name must be distinguishable and contain bbreviation "Corp." or "Inc." <u>"Company" or "C</u>		ncorporated" or the
B. Enter new principal office address, if applical		
Principal office address <u>MUST BE A STREET Al</u>	DDRESS)	
		· · · · · · · · · · · · · · · · · · ·

Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE I	<u> </u>	
		
. If amending the registered agent and/or regis		enter the name of the
new registered agent and/or the new registere	ed office address:	
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
		. Florida
	(City)	(Zip Code)
	•	
ew Registered Agent's Signature, if changing R hereby accept the appointment as registered age		cent the obligations of
osition.	T will juilline in the article acce	opt inc congunous of
	ture of New Registered Agent, if c	1

· 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) **Type of Action** <u>Title</u> <u>Name</u> <u>Address</u> Valarie Stratton Sec/Tr _ 🗆 Add 5712 Finch Avenue ☑ Remove Jacksonville, Ft 32219 Jammie Jackson Treasu 9143 7th Avenue __ 🗹 Add Secre Robin Smith ✓ Add 1620 West 16th Street E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

The date of each amendment(s) ad	loption: 04/04/2010
	(date of adoption is required)
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were add was/were sufficient for approval.	opted by the members and the number of votes cast for the amendment(s)
There are no members or memb adopted by the board of directors	ers entitled to vote on the amendment(s). The amendment(s) was/were s.
have not	hairman or vice chairman of the board, president or other officer-if directors been selected, by an incorporator – if in the hands of a receiver, trustee, ort appointed fiduciary by that fiduciary)
	Pastor Ervin A. Jones, III (Typed or printed name of person signing)
***************************************	President
	(Title of person signing)

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