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| PICK-UP                                 | ☐ WAIT            | MAIL      |  |  |
| (Bu                                     | siness Entity Nam | e)        |  |  |
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## **COVER LETTER**

TO: Amendment Section Division of Corporations NAME OF CORPORATION: Prayer of Salvation Learning

DOCUMENT NUMBER: NI 800000 5 221 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: P. D. S. L. C. (Firm/Company) La Keland Fl 33802 (City/State and Zip Code) prayer of Salvation @ hot mail. com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Spencena Dalmus at 863 275 7043

(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: □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is (Additional Copy is enclosed) Enclosed) Mailing Address

Amendment Section

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Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

**Street Address** 

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## **Articles of Amendment**

|  | to Articles of Incorporation                                   |   |
|--|--|---|
| Druger of  | Salvation Learnin  | of center in  |
| (Name of Corporation as  | currently filed with the Florida Dept. of State)               | <del>y</del> |
| h 1009000  | 5221   |   |
|  | nt Number of Corporation (if known)                            |   |
| Pursuant to the provisions of section 617.1006, Floridamendment(s) to its Articles of Incorporation: | a Statutes, this <i>Florida Not For Profit Corporation</i> ado | pts the following   |
| A. If amending name, enter the new name of the co  | orporation:  |   |
|  |  | The new   |
| name must be distinguishable and contain the word " "Company" or "Co." may not be used in the name.  | corporation" or "incorporated" or the abbreviation "C          | orp." or "Inc."   |
| B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD  |  |   |
|  |  | <del></del>   |
|  | ····   |   |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO                | <u> </u>   |   |
|  | <del> </del>   |   |
|  | 48-8-8-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-                        |   |
| D. If amending the registered agent and/or registe new registered agent and/or the new registered    |  |   |
| Name of New Registered Agent:  |  |   |
|  |  | ····  |
| New Registered Office Address:   | (Florida street address)                                       |   |
|  | , Florida,   | <u>.                                    </u>  |
|  | (City) (Zip Co   | de)   |
| New Registered Agent's Signature, if changing Reg  |  | rsm:<br>FG-7  |
| I hereby accept the appointment as registered agent.   | I am familiar with and accept the obligations of the pos       | illion.   |
| <del></del>  | Signature of New Registered Agent, if changing                 |   |
|  |  | 0 111   |

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 <math>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.

| Mike Jones, v as kemov           | ve, ana sauy smun,                     | SV uş an Ada.    |                      |
|----------------------------------|--|------------------|----------------------|
| Example: X_Change X_Remove X_Add | PT John Do<br>V Mike Jo<br>SV Sally Si | ones             |                      |
| Type of Action<br>(Check One)    | <u>Title</u>                           | Name             | <u>Addres</u> s      |
| 1) Change                        | 0_                                     | Willie Davis Dr  | 70 box 286           |
| Add Remove                       |  |                  | Lakeland Ci<br>33882 |
| 2) Change                        | <u>S</u>                               | Stephente Butker |                      |
| Add Remove                       |  |                  | Lakeland fl 33802    |
| 3 ) Change                       | T CFO                                  | avensha Simpon   | •                    |
| Add Remove                       |  |                  | 13802                |
| 4) Change                        | <u>~ ? </u>                            | Joshua Butler    | PO box 286           |
| Add<br>Remove                    |  |                  | 10Kelond PC<br>3380Z |
| 5) Change                        | 5                                      | verity Joyce     | Po box 286           |
| Add Remove                       |  |                  | Lakeland<br>fl 33802 |
| 6) Change                        | <b>√</b> ?                             | Tonya Thacker    | 70 box 286           |
| Add                              |  |                  | Lakeland<br>fl 33802 |
| Remove                           |  | Page 2 of 4      | , , , , ,            |

| arach additional sh | eets, if necessary) | . , (be specific | , |                                       |                    |             |             |
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| The date of each amendment(s) adoption:  | , if other than the |
| date this document was signed.   |                     |
| the date of each amendment(s) adoption:  |                     |
| Effective date if applicable:  |                     |
| (no more than 90 days after amendment file date)   |                     |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will no   | of he listed as the |
| document's effective date on the Department of State's records.  | n ou nated as are   |
|  |                     |
| 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.  |                     |
| The state of the s |                     |
| 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  |                     |
|  |                     |
|  |                     |
| Signature  | <del></del>         |
| (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, or other court appointed fiduciary by that fiduciary)   |                     |
| other court appointed finacially by that finacially)   |                     |
| Speniena Dalmas  |                     |
| (Typed or printed name of person signing)  |                     |
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| Presiden   |                     |
| (Title of person signing)  |                     |
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