

N10000005444

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

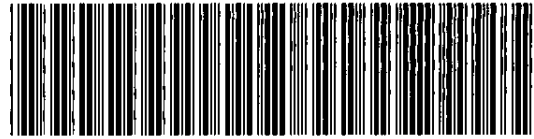
(Business Entity Name)

(Document Number)

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FILED  
2011 JAN -5 PM 12:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Amend

TB 1-5-11

**COVER LETTER**

**TO: Amendment Section  
Division of Corporations**

**NAME OF CORPORATION:** Faith Life Center Inc

**DOCUMENT NUMBER:** N10000005444

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Praimnauth Ramnauth

(Name of Contact Person)

Faith Life Center Inc

(Firm/ Company)

146 E Lakeshore Blvd

(Address)

Kissimmee, Florida 34744

(City/ State and Zip Code)

marknauth@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Praimnauth Ramnauth

(Name of Contact Person)

at ( 917 ) 640-3432

(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 &  
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**

Amendment Section  
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

PRAIMNAUTH RAMNAUTH  
C/O FAITH LIFE CENTER  
146 E LAKESHORE BLVD  
KISSIMMEE, FL 34744  
917-640-3432 / 404-802-8096

January 3<sup>rd</sup> 2011

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314  
ATTN: THELMA LEWIS

SUBJECT: FAITH LIFE CENTER INC.

Ref. NUMBER: 1000005444

As per our phone conversation today, I have resubmitted the non-profit article of amendment. Please note the (O) Office was acceptable on the original registration.

Should you need additional information, please feel free to contact me at the address or the phone number stated above. Additionally, you can also contact Sarah Lutchman at 321-624-8450.

Sincerely,

  
Praimnauth Ramnauth  
President

RECEIVED  
11 JAN -5 AM 9:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 17, 2010

PRAIMNAUTH RAMNAUTH  
FAITH LIFE CENTER INC  
146 E LAKESHORE BLVD  
KISSIMMEE, FL 34744

SUBJECT: FAITH LIFE CENTER INC  
Ref. Number: N10000005444

We have received your document for FAITH LIFE CENTER INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the title(s) of each officer in your document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Teresa Brown  
Regulatory Specialist II

Letter Number: 410A00029236

Articles of Amendment  
to  
Articles of Incorporation  
of

Faith Life Center Inc

(Name of Corporation as currently filed with the Florida Dept. of State)

N10000005444

(Document Number of Corporation (if known))

FILED  
2011 JAN -5 PM 12:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 new 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)*

n/a

**C. Enter new mailing address, if applicable:**  
*(Mailing address MAY BE A POST OFFICE BOX)*

n/a

**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:**

*Name of New Registered Agent:*

n/a

*New Registered Office Address:*

*(Florida street address)*

\_\_\_\_\_, Florida \_\_\_\_\_  
*(City) (Zip Code)*

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

N/A

*Signature of New Registered Agent, if changing*









The date of each amendment(s) adoption: 12/01/10  
(date of adoption is required)

Effective date if applicable: 12/01/10  
(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 12/11/10

Signature Praimnauth Ramnauth  
(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)

Praimnauth Ramnauth  
(Typed or printed name of person signing)

Register Agent / President  
(Title of person signing)