

N10000005444

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

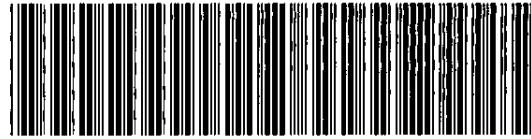
(Business Entity Name)

(Document Number)

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12/14/10--01024--012 **35.00

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 3rd 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

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>O</u>	<u>GAFOOR RAFMAN</u>	<u>14757 CEDAR BRANCH WAY</u> <u>ORLANDO, FL 32847</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>O</u>	<u>BIBI BASDEO</u>	<u>1865 BRIDGEVIEW CIRCLE</u> <u>ORLANDO, FL 32824</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>O</u>	<u>JASMATTI DALOO</u>	<u>608 LAKE BICAYNE WAY</u> <u>ORLANDO FL 32824</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>0</u>	<u>UMA CHARIAN</u>	<u>2185 MALLARD CREEK CIRCLE KISSIMMEE FL 34743</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>0</u>	<u>SARAH LUTCHMAN</u>	<u>3279 FAIRFIELD DRIVE KISSIMMEE FL 34743</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>0</u>	<u>PRAIM PERSAUD</u>	<u>146 E LAKESHORE BLVD KISSIMMEE FL 34744</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

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)