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Amend, (1)/10

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: _	CLermo	nt Christian I	Litelenter, I
DOCUMENT NUMBER:	N 10000	0005922	
The enclosed Articles of Amenda	nent and fee are subm	itted for filing.	
Please return all correspondence of	concerning this matter	r to the following:	
	AZMIN (Name of C	Trespaloci	<u>.0.S</u>
Clerm	nont Chri	stian Life Ce Company)	inter, Inc.
4327	S. H.	ighway 27 Idress)	<u>Sui</u> te 236
CLerm	ont F (City/ State	and Zip Code)	
Jazm E-mail	address: (to be used	fe center. net	ion)
For further information concerning	g this matter, please of	call:	
JAZMIN Trespa (Name of Contact F	Person)	at (407) 383- (Area Code & Daytime	- 1008  Telephone Number)
Enclosed is a check for the follow	ing amount made pay	able to the Florida Department of	of State:
	Filing Fee & e 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 Corpora P.O. Box 6327 Tallahassee, FL 323	ations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	, , , , , , , , , , , , , , , , , , ,

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

	OI .
(Name of Corporation as currently f	tian Life Center, Inc.
N 1000005 (Document Number of	f Corporation (if known)
Pursuant to the provisions of section 617.1006, Florid the following amendment(s) to its Articles of Incorpor	la Statutes, this Florida Not For Profit Corporation adopts ration:
A. If amending name, enter the new name of the co	orporation:
The new name must be distinguishable and contain abbreviation "Corp." or "Inc." "Company" or "Co.	the word "corporation" or "incorporated" or the many not be used in the name.
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD	Dress) Suite 236
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	Clermont FL 34711
D. If amending the registered agent and/or registered new registered agent and/or the new registered	
Name of New Registered Agent:	JAZMIN Trespalacios 327 S. Highway 27 Suite 236
New Registered Office Address:	(Florida street address)
	-lecmont , Florida 34711 (City) (Zip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent position.	tistered Agent:  1. I am familiar with and accept the obligations of the
Signatu	re 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>		Address	Type of Action
Secretary	Everton	Kirk Deans	16215 SR 50 SUITE 301 CLERMONTFL 3471	Add Remove
Secretary	Iris F	igueroa	954 George town Ave	Add Remove
- <del></del>				☐ Add ☐ Remove
E. <u>If amendin</u>	g or adding addition	nal Articles, enter ch	ange(s) here:	
		ssary). (Be specific)		
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The date of each amendment(s) adoption: September 02, 2010
(date of adoption is required)
Effective date if applicable: September 02 2010
(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 11-9-10 Signature Lancie Robinson
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)
JANICE Robinson
(Typed or printed name of person signing)
Chair Person
(Title of person signing)

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