

| (Requestor's Name) | | | | |
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| (City/State/Zip/Phone #) | | | | |
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| PICK-UP WAIT MAIL | | | | |
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| (Business Entity Name) | | | | |
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| (Document Number) | | | | |
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| Certified Copies Certificates of Status | | | | |
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| Special Instructions to Filing Officer: | | | | |
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03/14/11--01006--005 **43.75



COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

| NAME OF CORPORATION: EPI Center | Like Productions | .Inc |
|--|--|---|
| DOCUMENT NUMBER: N1000006 | 984 | |
| The enclosed Articles of Amendment and fee are subm | itted for filing. | |
| Please return all correspondence concerning this matter | to the following: | |
| Cincli Siege (Name of C | ontact Person) | |
| EPI Center Li | fe Productions Company) | |
| 11653 Central | Pkuy Ste 20 Idress) | <u>)</u> |
| Jacksmuile F (City/State | · | ···· |
| Cincle & epicent E-mail address: (to be used | erife.org for future annual report notification | on) |
| For further information concerning this matter, please of | | |
| (Name of Contact Person) | at (904) 599-3 (Area Code & Daytime | Y431 Telephone Number) |
| Enclosed is a check for the following amount made pay | | |
| \$35 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 | Street Address Amendment Section Division of Corporations | |

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

of

EPI Center Life Productions, Inc

| (Name of Corporation as currently | filed with t | he Florida Dept. of State) |
|--|------------------|--|
| N 1000000 6 984 | Į. | |
| (Document Number | | on (if known) |
| Pursuant to the provisions of section 617.1006, Flor the following amendment(s) to its Articles of Incorp | | this Florida Not For Profit Corporation adopts |
| A. If amending name, enter the new name of the | corporation | <u>:</u> |
| nla | | |
| The new name must be distinguishable and contain abbreviation "Corp." or "Inc." "Company" or "Co | | |
| B. Enter new principal office address, if applicable: | | |
| (Principal office address <u>MUST BE A STREET Al</u> | DDKESS) | 5-205 |
| | | 11653 Central Pkuy S. 205 Tacksonville FL 32224 |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E | BOX) _ | nla |
| | | |
| | | |
| D. If amending the registered agent and/or registered registered agent and/or the new registered | | |
| Name of New Registered Agent: | Cindi | Siegel |
| New Registered Office Address: | 11653 (Florid | Central Pkwy 5-205 la street address) |
| Ja | icksonvi | (City) Florida 3>>> (Zip Code) |
| New Registered Agent's Signature, if changing R I hereby accept the appointment as registered age position. | | ent: amiliar with and accept the obligations of the |
| Signa | ndi | Registered Agent, if changing |
| ~ | | |

Page 1 of 3

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> | Type of Action |
|--------------|--|--|--------------------------|
| <u>P</u> | David L Spires | 201 Southside Avd 2pt 716 Jacksmille Fe 3226 | Add Newoodd 1255 Remove |
| ST | Lurline A Rogschale | 3808 Via de la Rein Jacksmulle 12 32217 | ✓□ Add |
| ST | Cindi Siegel | 11653 Central Pkury 5-205 Jacksmullete 32224 | Add Remove |
| | g or adding additional Articles, enter c | | |
| | Article III | | |
| our p | urpose is to serve the | - Community by tr | aining_ |
| leader | s who want to ent | rance their craf | + in the |
| ministr | y and enter tainmen | + field. This inc | ludes |
| | music, film making, p | | |
| (2+10 | was a set in the set of | CF Livel Lan | God's love |
| Offer | innovative way to e | Flecting share | Oud tove |
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| The date of each amendment(s) adoption: 3411 |
|---|
| Effective date if applicable: 3 4/11 (date of adoption is required) |
| (no more than 90 days after amendment file date) |
| Adoption of Amendment(s) (<u>CHECK ONE</u>) |
| 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 3 4 11 |
| (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, o other court appointed fiduciary by that fiduciary) |
| David C Spires (Typed or printed name of person signing) |
| President (Title of person signing) |