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2022 FEB IL AM II: 25 SEGRETARY OF STATE

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATI	INPCAT MINISTR	IES INCORPORAT	ED	
DOCUMENT NUMBER:	N10000011755			
The enclosed Articles of An	nendment and fee are sub-	mitted for filing.		
Please return all correspond	ence concerning this matt	er to the following:		
MELTONYA DAVIS				
		(Name of Contact F	Person)	· · · · · · · · · · · · · · · · · · ·
IMPACT CHRISTIAN CE	NTER, INC.			
		(Firm/ Compar	ny)	
P.O. BOX 2268				
		(Address)		<del></del>
JACKSONVILLE, FL 322	03			
		(City/ State and Zip	Code)	
IMPACTCHRISTIANCEN	TER@GMAIL.COM			
	E-mail address: (to be used	d for future annual re	port notificatio	n)
For further information con	cerning this matter, please	e call:		
MELTONYA DAVIS			. 888	424-9673
<del></del>	(Name of Contact Person	a ı)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the	following amount made p	ayable to the Florida	Department of	State:
☐ \$35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee Certified Copy (Additional copy enclosed)	is Certif (Add	0 Filing Fee ficate of Status fied Copy fitional Copy is osed)

Mailing Address

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

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

FILED

INPCAT MINISTRIES INCORPORATED

<del>2022 FEB-14--AM-1</del>1: 25 (Name of Corporation as currently filed with the Florida Dept. of State) SECRETARY OF STATE N10000011755 (Document Number of Corporation (if known) 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: IMPACT CHRISTIAN CENTER, INC. 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. N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) 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: (Florida street address) New Registered Office Address: , Florida

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.

(City)

Signature of New Registered Agent, if changing

(Zip Code)

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 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.

Example:  XChange X Remove Add	PT         John Do           V         Mike Jo           SV         Sally Sr	<u>nes</u>	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) <u>×</u> Change Add	PRES	TAKETA WILLIAMS	6015 E MORROW STREET STE 203
Remove			JACKSONVILLE, FL 32217
2) X Change	V PRES	RODERICK WILLIAMS	6015 E MORROW STREET
Add			STE 203
Remove 3 ) Change Add Remove	<del></del>		JACKSONVILLE, FL 32217
4) Change Add			
Remove			
5) Change Add	<del></del>		
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee		cles, enter change(s) here: (Be specific)	
N/A			
		· · · · · · · · · · · · · · · · · · ·	

NI/A
The date of each amendment(s) adoption:  N/A
uate this document was signed.
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 not be listed as the document's effective date on the Department of State's records.
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.

Dated	
Signature	enst Min
١	(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)
	Meltonya Davis
	(Typed or printed name of person signing)