

N110000001348

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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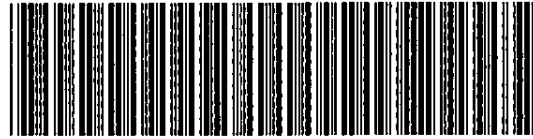
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 APR 19 AM 8:48

Amend
cc/CUS
@ 4/20-12

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: **Abundant Kingdom Life Center, Inc.**

DOCUMENT NUMBER: **N11000001348**

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

Please return all correspondence concerning this matter to the following:

Shonna Nelson

(Name of Contact Person)

(Firm/ Company)

P.O. Box 906

(Address)

Apopka, FL 32704

(City/ State and Zip Code)

shonna.nelson@abundantkingdomlife.com

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

For further information concerning this matter, please call:

Shelvick Nelson

(Name of Contact Person)

at **407** **967-6924**

(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

Articles of Amendment
to
Articles of Incorporation
of

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 APR 19 AM 8:48

Abundant Kingdom Life Center, Inc.

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

N11000001348

(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:

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)

676 Sanctuary Golf Place

Apopka, FL 32712

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 906

Apopka, FL 32704

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:

(City)

, Florida

(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.

Signature of New Registered Agent, if changing

(Attach additional sheets, if necessary)

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.

<u>X</u> Change	<u>PT</u>	<u>John Doe</u>
<u>X</u> Remove	<u>V</u>	<u>Mike Jones</u>
<u>X</u> Add	<u>SV</u>	<u>Sally Smith</u>

Address

Life on the Horizon International Ministries, Inc.
110 Columbus Circle
Longwood, FL 32750

Bethel Baptist Church
840 36th Street
West Palm Beach, FL 33407

Figure 1

Figure 1. The effect of the number of trials on the number of correct responses. The number of correct responses was plotted against the number of trials for each condition. The number of correct responses increased with the number of trials for all conditions. The number of correct responses was highest for the condition with the highest number of trials (10 trials) and lowest for the condition with the lowest number of trials (2 trials).

[illegible][illegible]

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

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

UPON THE DISSOLUTION OF THIS ORGANIZATION, ASSETS SHALL BE
DISTRIBUTED FOR ONE OR MORE EXEMPT PURPOSES WITHIN THE
MEANING OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, OR
THE CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE, OR
SHALL BE DISTRIBUTED TO THE FEDERAL GOVERNMENT, OR TO A STATE
OR LOCAL GOVERNMENT, FOR A PUBLIC PURPOSE.

The date of each amendment(s) adoption: 3/20/2012

Effective date if applicable: _____
(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 3/20/12

Signature [Handwritten Signature]

(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)

Shonna Nelson

(Typed or printed name of person signing)

Vice President

(Title of person signing)