# 111000001374

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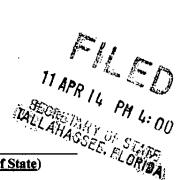
### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	PRATION: AGAPE HOU	SE TLF, INC	
DOCUMENT NUM	IBER: N11000001374		
The enclosed Article	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	RON	ALD POTTS	
	(Name o	f Contact Person)	
	AGAPE H	IOUSE TLF, INC.	_
	(Firm	n/ Company)	<del></del>
	944 15th	Avenue South	
<del></del>	(	Address)	
	Saint Petersl	ourg, Florida 33705	
	(City/ Sta	nte and Zip Code)	
<del></del>		setlf@gmail.com ed for future annual report notific	ation)
For further information	on concerning this matter, pleas	e call:	
Ronald Potts		at ( 727 ) 492-054 (Area Code & Dayti	12
(Name	of Contact Person)	(Area Code & Dayti	me Telephone Number)
Enclosed is a check f	or the following amount made p	payable to the Florida Departmen	t 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)
	ing Address	Street Address	15 011010500)
•	idment Section	Amendment Section	>ma
	ion of Corporations  Box 6327	Division of Corporation Clifton Building	JIIS
	hassee, FL 32314	2661 Executive Cente	r Circle

Tallahassee, FL 32301

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



#### AGAPE HOUSE TLF. INC

(Name of Corporation as currently filed with	the Florida Dept. of St	tate)
N11000001374		
(Document Number of Corpora	tion (if known)	
Pursuant to the provisions of section 617.1006, Florida Statute the following amendment(s) to its Articles of Incorporation:	s, this <i>Florida Not For I</i>	<b>Profit Corporation</b> adopts
A. If amending name, enter the new name of the corporation	on:	
N/A		
The new name must be distinguishable and contain the word abbreviation "Corp." or "Inc." <u>"Company" or "Co." may n</u> o		corporated" or the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A	<del> </del>
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 new registered agent and/or the new registered office ad		iter the name of the
Name of New Registered Agent:	Erin Porter	
944 15	th Avenue South	
New Registered Office Address: (Flor	ida street address)	<del></del>
Saint Pe	etersburg, Florida (City)	Florida 33705 (Zip Code)
New Registered Agent's Signature, if changing Registered A	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

## 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
Р	Javontae Wright	944 15th Avenue South	□ Add
***************************************		Saint Petersburg, FL 33705	_ ☑ Remove
			<del>-</del>
			□ Add
			_ = ~
			<del>-</del>
			□ Add
	<del></del>		_
E. If amend	ing or adding additional Articles,	enter change(s) here:	
(attach ad	lditional sheets, if necessary). (Be	specific)	
N/A			
1477	· · · · · · · · · · · · · · · · · · ·		
			· · · · · · · · · · · · · · · · · · ·
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			· · · · · · · · · · · · · · · · · · ·
	,		

The date of each amendme	nt(s) adoption: April 11, 2011	_
Effective date <u>if applicable</u>	(date of adoption is required)	_
<del></del>	(no more than 90 days after amendment file date)	
Adoption of Amendment(s	(CHECK ONE)	
The amendment(s) was/v was/were sufficient for ap	vere adopted by the members and the number of votes cast for the amendment	t(s)
There are no members o adopted by the board of o	r members entitled to vote on the amendment(s). The amendment(s) was/wer lirectors.	e
Dated_Ap	ril 11, 2011	
Signature	EKnfa	
h	by the chairman or vice chairman of the board, president or other officer-if divide not been selected, by an incorporator — if in the hands of a receiver, trusther court appointed fiduciary by that fiduciary)	
	Erin Porter	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	