## N11000002301

(Requestor's Name)
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(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
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Certified Copies Certificates of Status
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

DOMINION LIFE F. NAME OF CORPORATION:	AITH AND WORSHIP (	CHURCH, INC.		
N11000002301 DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee are subn				_
Please return all correspondence concerning this matte	er to the following:			
DEBRA D. REDDICK				
	(Name of Contact Persor	1)		
	(Firm/ Company)			
10712 PICTORIAL PARK DRIVE				
	(Address)			
TAMPA, FLORIDA 33647				
	(City/ State and Zip Code	e)		
Dominionlifechurchoffice@gmail.com				
E-mail address: (to be used	for future annual report	notification)		
For further information concerning this matter, please	call:		2021	
DEBRA D. REDDICK	at			11-40 to 11-40 to 11-40 to
(Name of Contact Person)	) (Ar	rea Code) (Daytime Te	•	
Enclosed is a check for the following amount made pa	yable to the Florida Depa	artment of State:		ا از
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)	r ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	

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

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a Dept. of State)			
mber of Corporation (if known)			<del></del>
tutes, this Florida Not For Profit Corporat	tion adopts the	e follo	wing
ration:			
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oration" or "incorporated" or the abbrevio	ttion "Corp."	or "In	c."
$\frac{NA}{A}$			
N/A		_	
ffice address in Florida, enter the name e address:	of the	202113	<b>e</b> 7
N/A	-	- :	[ `
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(Florida street address)	1 2	1:10	- ; _
NIA			
	mber of Corporation (if known)  utes, this Florida Not For Profit Corporation:  ration:  ration:  NA  SS)  ffice address in Florida, enter the name e address:  NA  (Florida street address)  (City)  ed Agent: familiar with and accept the obligations of the colligations of the colligatio	mber of Corporation (if known)  utes, this Florida Not For Profit Corporation adopts the ration:  ration:  ration or "incorporated" or the abbreviation "Corp."  NA  SS)  ffice address in Florida, enter the name of the eaddress:  (Florida street address)  (Florida (Zip Code)	mber of Corporation (if known)  utes, this Florida Not For Profit Corporation adopts the following t

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:  X Change X Remove X Add	PT         John De           V         Mike Je           SV         Sally St	ones	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add	_N/A		
Remove 2)ChangeAdd	N/A	-	
Remove  3 ) Change Add Remove	NA		
4) Change Add	NA		
Remove  5) Change Add	NA	<del></del>	
Remove  6)ChangeAdd	NJA	<del></del>	
E. If amending or adding (attach additional shee	g additional Arti ts, if necessary).		

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		April 15 2074					
The date of each amendment	(s) adoption: _			-			_, if other than the
date this document was signed.							
Effective date if applicable:	May 1, 2024						
	(no	more than 90 i	days after ame	ndment file a	late)		
Note: If the date inserted in the document's effective date on the	is block does n e Department	ot meet the app of State's recor	olicable statuto ds.	ry filing requ	tirements, this	date will not b	oe listed as the
Adoption of Amendment(s)	( <u>C</u>	HECK ONE)					
The amendment(s) was/we was/were sufficient for ap	ere adopted by proval.	the members a	nd the number	of votes east	t for the amend	dment(s)	

here are no mer dopted by the b	nbers or members entitled to vote on the amendment(s). The amendment(s) was/were oard of directors.
Dated Signatur	April 30, 2024
Ü	(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)
	TERANCE C. REDDICK, SR.  (Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)

■ There