N1000005339

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	. #A
PICK-UP		MAIL
(Ві	isiness Entity Nam	ne)
(Do	ocument Number)	
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COVER LETTER

TO: Amendinent Section Division of Corporations

<u>-</u>		
NAME OF CORPORATION: Kingdom	Builders M	inister, Inc.
DOCUMENT NUMBER: N11000005	339	
The enclosed Articles of Amendment and fee are sub-	mitted for filing.	
Please return all correspondence concerning this matte	er to the following:	
Grisselle Simpson		·
	(Name of Contact Perso	n)
Kingdom Builders Minist	er, Inc	•
	(Firm/ Company)	***
833 Willow Run St.		
	(Address)	
Minneola, FL 34715		·
	(City/ State and Zip Cod	e)
grisselled@kbmsi	nc.org	
E-mail address: (to be used	for future annual report	notification)
For further information concerning this matter, please	call:	
Dina Hobbs	_{at (} 321	377-9264 ode & Daytime Telephone Number)
(Name of Contact Person)	(Area Co	ode & Daytime Telephone Number)
Enclosed is a check for the following amount made pay	yable to the Florida Depa	rtment of State:
□ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	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	Amendi Division Clifton 2661 Ex	Address ment Section n of Corporations Building secutive Center Circle ssee, FL 32301

Articles of Amendment to Articles of Incorporation

FILEU

2012 JUL 30 PM 1: 46

Kingdom Builders Minister, Inc.

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

SECRETARY OF STATE TALLAHASSEE FLORIDA

(Document Nu	imber of Corporation (if known)
ursuant to the provisions of section 617.1006 mendment(s) to its Articles of Incorporation:	5, Florida Statutes, this <i>Florida</i>	Not For Profit Corporation adopts the follo
If amending name, enter the new name	of the corporation:	The
ame must be distinguïshable and contain the Company" or "Co." may not be used in the		
. Enter new principal office address, if ap Principal office address MUST BE A STRE.		
. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF.)	E: ICE BOX) N/A	
. If amending the registered agent and/or new registered agent and/or the new reg	registered office address in Fl	orida, enter the name of the
Name of New Registered Agent:	<u>'A</u>	
ew Registered Office Address:	(Florida street addı	ress)
		, Florida
,	(City)	(Zip Code)
ew Registered Agent's Signature, if changi tereby accept the appointment as registered to	i <mark>ng Registered Agent:</mark> agent. I am familiar with and a	accept the obligations of the position.

Page 1 of 4

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	<u>V Mik</u>	n <u>Doc</u> te Jones ty Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	EX D	James N. Davis III Dr	1071 Candlelight Blvd.
Add			Apt. E 77
X Remove		·	Brooksville, FL 34601
2) Change			
Add		 ,	
Remove		•	
3) Change			
Add			
Remove			,
4) Change			
Add			
Remove			
	-	•	
5) Change	· · ·		
Add			
Remove			
ກ່ Change			
Add	*		
Remove			

If amending or adding additional Art (attach additional sheets, if necessary).	(Be sp	ecific)				
I/A						
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The	e date of each amendment(s) adoption: JUIY 21, 2012
Eff	ective date if applicable:
	(no more than 90 days after amendment file date)
Adı	option 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 July 27, 2012
	Signature Annelle Sanasa
	(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)
	Grisselle Simpson
	(Typed or printed name of person signing)
	President
	(Title of person signing)