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Amend Marl 10 12/14

## **COVER LETTER**

TO: Amendment Section Division of Corporation: NAME OF CORPORATION: The New LIFE Penterostal Church OF GOD In Christ Inc N1100000 6708 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Contact Person) he New Life Pentecostal Church OF 60D

(Firm/Company) Inchrist Inc O BOX 3865
(Address) Pensacola FL 325/6
(City/State and Zip Code) Scurles @ 9mail - Com 303 - 520 - 4827 Cell For further information concerning this matter, please call: Darrak Scurles at 850 - 208-3788

(Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee

**Mailing Address** 

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

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Street Address

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enclosed)

(Additional copy is

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Certificate of Status

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## sicies of Amendment

to
Articles of Incorporation of

(Name of Corporation as current			hurch of state)		
NII 000	00 670	8			
	ument Number of C		nown)		
Pursuant to the provisions of section 617. amendment(s) to its Articles of Incorporate		ites, this <i>Florida</i>	Not For Profit Corpo	ration adopts the ic	oilowing
a. If amending name, enter the new na	me of the corpora	ation:			
NEW LIFE Christian name must be distinguishable and contain "Company" or "Co." may not be used in	Center the word "corpor the name.	Church ration" or "incor	Morld Min porated" or the abbre	Vistries, Zw viation "Corp." or	The new "Inc."
B. Enter new principal office address, (Principal office address MUST BE A ST	if applicable: TREET ADDRESS	<u>Σ</u> )	DIF		
C. <u>Enter new mailing address, if appli</u> (Mailing address <u>MAY BE A POST</u> (			N/A		14 DEC -9
D. If amending the registered agent an new registered agent and/or the new			lorida, enter the nam	e of the	EN ST. P.
No. Designed Office Advisor	<del></del>	(Florida street add	tress)		
New Registered Office Adaress	น. <b>.<i>ป</i> 6</b> 9	D		20-01	
8600	MW J 48	<u>West, re</u>	<b>NSa Lolu</b> , Florida	325 0 Q : (Zip Code)	2_
New Registered Agent's Signature, if cl I hereby accept the appointment as regist			accept the obligations	of the position.	
	Signature of Na	W Registered Age	ent if changing		

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 <math>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	PT John De	<u>oe</u>		
X Remove	<u>V</u> <u>Mike Jo</u>	<u>ones</u>		
X Add	SV Sally S	<u>mith</u>		
Type of Action (Check One)	Title	<u>Name</u>	11.0-	<u>Addres</u> s
1) Change			NA	
Add				
Remove				
2) Change				
Add				<del> </del>
Remove				
3 ) Change	-			<del> </del>
Add				
Remove				
4) Change	***************************************			
Add		,		<del></del>
Remove				
31 Change				
Add				
Remove				
6) Change				
Add	<del></del>		<u> </u>	
Remove				

If amending or adding additional Art attach additional sheets, if necessary).	(Be specific)
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	e date of each amendment(s) adoption: \( \frac{2/4/2014}{}{} \)	, if other than the					
Eff	Effective date if applicable: /2/4/2014  (no more than 90 days after amendment file date)						
Ado	option of Amendment(s) (CHECK ONE)						
Φ	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 17/4/2014 Signature Acul Scurly						
	Signature Acute Security (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)						
	Darralc Scurles						
	(Typed or printed name of person signing)						
	President						
	(Title of person signing)						