# N1000008584

(Re	questor's Name)	
, (Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL.
(Bu	siness Entity Na	me)
(Do	cument Number	)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	





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## **COVER LETTER**

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: A TICE OF	Life Baptist Church, INC
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are subm	itted for filing.
Please return all correspondence concerning this matter	to the following:
Willie Muray	Name of Contact Person)
	Addition Condet Poisony
	(Firm/ Company) 2~
7036 Philips Thing bong Goes	t-171 1509 Ste. 33
	(Address)
Sacksonville FL 3	32216
	City/ State and Zip Code)
E-mail address: (to be used to be for further information concerning this matter, please of	for future annual report notification)
Willie MURRAS (Name of Contact Person)	at ( 904 ) - 329-1535 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount made pay	vable to the Florida Department of State:
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ Certificate of Status Certified	3\$43.75 Filing Fee & □\$52.50 Filing Fee Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed)
Mailing Address  Amendment Section  Division of Corporations	Street Address Amendment Section Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301



## FLORIDA DEPARTMENT OF STATE Division of Corporations

February 25, 2014

Willie Murray A Tree of Life Church, Inc. 7035 Philips Highway, Ste 33 Jacksonville, FL 32216

SUBJECT: A TREE OF LIFE BAPTIST CHURCH INC.

Ref. Number: N11000008584

We have received your document for A TREE OF LIFE BAPTIST CHURCH INC. and your check(s) totaling \$36.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

The date of adoption of each amendment must be included in the document.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

The name and title of the person signing the document must be noted beneath or opposite the signature.

Page 4 of the amendment form was not filled in.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey Regulatory Specialist II

Letter Number: 514A00004170

### Articles of Amendment to Articles of Incorporation of

FILED

	1 ILL
	2014 HAR 21 PH 3: 25
(Name of Corporation as currently filed with the Flo	orida Dept. of State) PARE TARY OF STATE
A TRE of life Bootlst Chu	TALLAHASSEE, FLORIDA
(Document Number of C	orporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statut amendment(s) to its Articles of Incorporation:	tes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpora	ation:
A Tree of Life Murch, TNO	The new
	ntion" 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	0
(1.1.1.0.p. 1.0.0,p. 1.0.0.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7025 Philips Highway
	Sho 22
	OLC 20
	Tanka : 110 5 2001
	Jacksnville, FZ 32216
D. If amending the registered agent and/or registered of	fice address in Florida, enter the name of the
new registered agent and/or the new registered office	address:
Name of New Registered Agent: WILL	Murau
71725 DY	Maltiahnauste 33
<u></u>	(Florida street address)
New Registered Office Address:	
JOCKSONV	16. , Florida 32210
(City)	) (Zip Code)
New Registered Agent's Signature, if changing Registered	d Agent:
I hereby accept the appointment as registered dgent. I am for	amiliar with and accept the obligations of the position.
Willu	Mutay 03.17-2014
Signature of New Regi	stered 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)

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 X Remove V Mike Jou Smith	<u>PT</u> <u>John I</u> nes <u>X</u> Add <u>SV</u>		
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change		1/0	 
Add			
Remove			
2) Change		<u> </u>	 
Add			
Remove		<b>N</b> \ (C)	
3) Change	<del></del>	N/4	
Add			
Remove 4) Change	N	16	
		<u> </u>	
Add Remove			
5) Change		<u>/</u> a	
Add		1	
Remove			

6) Change	
O) Change	
Add	
Remove	
Remove	
Page 2 of 4	
E. If amending or adding additional Articles, enter change(s) here:	
(attach additional sheets, if necessary). (Be specific)	
1	
NO	
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,	
<del></del>	
	4-14-14-14-14-14-14-14-14-14-14-14-14-14
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# Page 3 of 4

The date of each amendment(s) adoption: 03-17-2014
, if other than the date this document was signed.
Effective date if applicable: N/CI
(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 13-17-2014
Signature 3/Min Munay
(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)
(Typed or printed name of person signing)
(Typed or printed name of person signing)
President/Pastor
(Title of person signing)