N120000000441

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Full Life C	Church INC	
DOCUMENT NUMBER: N1200000	441	
The enclosed Articles of Amendment and fee are subr	nitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
Marvelle Cook		
	(Name of Contact Perso	n)
Full Life Church		
	(Firm/ Company)	
P O Box 57821		
	(Address)	
Jacksonville, Florida 322	241	
	(City/ State and Zip Cod	e)
MLCook@FullLife	_	
E-mail address: (to be used	for future annual report	notification)
For further information concerning this matter, please	call:	
Marvelle Cook	_{at} 904	, 860-1203
(Name of Contact Person)	(Area C	ode & Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida Dep	artment 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Ameno Divisio Cliftor 2661 E	Address Idment Section on of Corporations Building Executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of



name must be distinguishable and contain the word "corporation" 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) Jacksonville, Florida 32207 C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Jacksonville, Florida 32241	(Name of Corporation as currently filed with the Flo	orida Dept. of State)
Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the followin amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: The nemame must be distinguishable and contain the word "corporation" 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) Jacksonville, Florida 32207 C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Jacksonville, Florida 32241 D. If amending the registered agent and/or registered office address: Name of New Registered Agent: Name of New Registered Agent: New Registered Office Address: (Florida street address) New Registered Office Address: , Florida	N12000000441	
A. If amending name, enter the new name of the corporation: The neman must be distinguishable and contain the word "corporation" 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) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: New Registered Office Address: New Registered Office Address: New Registered Office Address: , Florida The ne incorporation: A915 Beach Blvd 4915 Beach Blvd P O BOX 57821 Jacksonville, Florida 32207 P O BOX 57821 Jacksonville, Florida 32241 D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered office address: Name of New Registered Agent: New Registered Office Address: , Florida, Flor	(Document Number of Corpor	ation (if known)
The ne name must be distinguishable and contain the word "corporation" 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) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: New Registered Office Address: New Registered Office Address: New Registered Office Address: , Florida		es, this Florida Not For Profit Corporation adopts the following
name must be distinguishable and contain the word "corporation" 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) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: New Registered Office Address: New Registered Office Address: , Florida	A. If amending name, enter the new name of the corporat	ion:
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: New Registered Office Address:		The netion" or "incorporated" or the abbreviation "Corp." or "Inc.
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: Name of New Registered Agent Same	B. Enter new principal office address, if applicable:	4915 Beach Blvd
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: Same Same		Jacksonville, Florida 32207
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: New Registered Office Address: (Florida street address) (Flo		P O BOX 57821
Name of New Registered Agent: Name of New Registered Agent: Same		Jacksonville, Florida 32241
New Registered Office Address:	new registered agent and/or the new registered office a	
	New Registered Office Address:	(Florida street address)
(City) (Zip Code)		
	(City)	(Zip Code)

Page 1 of 4

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)

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: XChange X Remove X Add	PT John Do V Mike Jo SV Sally S	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	Nicole Dawsey	P O BOX 57821
Add			Jacksonville, Florida
X Remove			32241
2) Change	CFO,TR,D	Brandon Allen	P O BOX 57821
X			Jacksonville, Florida
Remove			32241
3) Change		4	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Art (attach additional sheets, if necessary).	(Be specific)
Same	
 .	

The date of each amendment	t(s) adoption: <u>5/29/2013</u>
Effective date if applicable:	5/29/2013
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/w was/were sufficient for a	vere adopted by the members and the number of votes cast for the amendment(s) pproval.
There are no members or adopted by the board of	members entitled to vote on the amendment(s). The amendment(s) was/were directors.
Dated 6/4	12013 Warf M
(By the	e chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)
Marvel	le L Cook
	(Typed or printed name of person signing)
Preside	ent
	(Title of person signing)