N12000000864

(Re	equestor's Name)	
(Ac	idress)	_
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(Ĉi	ty/State/Zip/Phone	e #)
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TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations	•
Reality R	anch Ministries, Inc.
N1200000086 DOCUMENT NUMBER:	4
The enclosed Articles of Amendment and	
Please return all correspondence concernin	g this matter to the following:
Regina Anderson	
	(Name of Contact Person)
Kingdom Missions, Inc.	
	(Firm/ Company)
P. O. Box 1726	
	(Address)
Zolfo Springs, FL 33890	
	(City/ State and Zip Code)
gina21marie@gmail.com	
E-mail address:	(to be used for future annual report notification)
For further information concerning this ma	tter, please call:
Regina Anderson	863 445-0492 at
(Name of Con	act Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amou	int made payable to the Florida Department of State:
S35 Filing Fee □S43.75 Fili Certificate	ng Fee & S43.75 Filing Fee & S52.50 Filing Fee of Status Certified Copy Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is Enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	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

Reality Ranch Ministries, Inc.				
(Name of Corporation as currently filed with the	e Florida D	ept. of State)		
N12000000864				
(Docum	ient Numbe	r of Corporation (if known)		
Pursuant to the provisions of section 617.1006, Floramendment(s) to its Articles of Incorporation:	rida Statute:	s, this <i>Florida Not For Profit</i>	Corporation adopts the following	
A. If amending name, enter the new name of the	e corporati	on:		
Kingdom Missions, Inc.			The new	
name must be distinguishable and contain the word		ion" or "incorporated" or the	eabbreviation "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 ADD)		1942 ST RD 66 East	702	
	DDRESS)	Zolfo Springs, FL 33890	7020 AUG 17	
		•		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		P. O. Box 1726	PHI	
		Zolfo Springs, FL 33890	2	
D. If amending the registered agent and/or regis			he name of the	
new registered agent and/or the new register				
Name of New Registered Agent:	Regina An	derson		
	1971 ST RD 66 East			
New Registered Office Address:	(Florida street address)			
New degistered Office, indigess.	Zolfo Sprii	nσ	33890	
		(City)	, Florida <u></u> (Zip Code)	
No. 10 Table day on November 17 hours to 17		A	·	
New Registered Agent's Signature, if changing B I hereby accept the appointment as registered agent	i. I am fan	siliar with and accept the obli Laine And	lerson	
	57)	m bl ure of New Registered Ag	ent, 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: X Change X Remove X Add	PT John D V Mike J SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add	<u>P</u>	James R. Johnson	1942 ST RD 66 E Zolfo Springs, FL 33890
2) Change Add	<u>P</u>	Bill Anderson	1971 ST RD 66 Zolfo Springs, FL 33890
Remove 3) Change	<u>D</u>	Chad Anderson	1981 ST RD 66 Zolfo Springs, FL 33890
4) Change	<u>D</u>	Keith Nadaskay	218 10th Ave. N. Wauchula, FL 33873
Remove 5) Change Add Remove	D	Nicole Anderson	1981 ST RD 66 Zolfo Springs, FL 33890
6) Change Add Remove			
E. If amending or addin (attach additional shee	g additional Artic ts, if necessary).	eles, enter change(s) here: (Be specific)	

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The date of each amendment(s) adop date this document was signed.	tion;	<u> </u>		, if other than the
Effective date if applicable:				
п принавис.	(no more than 90 days a	fter amendment file a	late)	-,
<u>Note:</u> If the date inserted in this block of document's effective date on the Depart	ment of State's records.	e statutory filing requ	urements, this date wil.	I not be listed as the
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.

(CHECK ONE)

Dated 8-13-20
Signature Den (Underse
(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)
Bill Anderson
(Typed or printed name of person signing)

(Title of person signing)