N12000005933

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TO: Amendment Section Division of Corporation	s			6	No Service Ser
NAME OF CORPORATIO	NEW LIFE CHURC	CH OF GOD, Inc.			- Ex Registre
DOCUMENT NUMBER:	N12000005933				
The enclosed Articles of Am	endment and fee are sub	mitted for filing.			
Please return all corresponde	ence concerning this matte	er to the following:			
Dr. ROBERT M CHARLES	3				
		(Name of Contact P	erson)		
NEW LIFE CHURCH OF C	GOD				
		(Firm/ Company	y)		
9910 GUIDY LANE					
		(Address)			
PENSACOLA, FLORIDA	32514				
		(City/ State and Zip	Code)		
rmcharles19@yahoo.com					
Ε	-mail address: (to be used	for future annual re	port notification)	
For further information conc	erning this matter, please	call:			
Dr. ROBERT M CHARLES	6	at	617	594-0641	
	(Name of Contact Person		(Area Code)	(Daytime Telephone Number	
Enclosed is a check for the f	ollowing amount made pa	ayable to the Florida	Department of S	state:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy enclosed)	Certificing Certification	Filing Fee cate of Status ed Copy ional Copy is sed)	

Mailing Address

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

Street Address

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

Articles of Amendment to Articles of Incorporation of



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

NEW LIFE CHURCH OF GOD, Inc. N12000005933

(Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

	The new	
name must be distinguishable and contain the word "corpor "Company" or "Co." may not be used in the name	ration" or "incorporated" or the abbreviation "Corp." or "Inc."	
B. Enter new principal office address, if applicable:	FAITH EPICENTER CHURCH OF GOD, Inc.	
(Principal office address MUST BE A STREET ADDRESS	9910 GUIDY LANE	
	PENSACOLA, FL 32514	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office		
Name of New Registered Agent: DR.	Robert M ChARles	
Name of New Registered Agent: DR. 345	1 Riverina DR.	
Name of New Registered Agent: DR. 34.5 New Registered Office Address:		
345	Riverina DR. (Florida street address)	
345 <u>New Registered Office Address</u> : <u>Pen</u> :	Socolo (City) (Florida street address) Florida 32514 (City)	
345	Socolo (City) (Zip Code)	
New Registered Office Address: New Registered Agent's Signature, if changing Registered	Socolo (City) (Zip Code)	

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	V Mike	Doe e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) X Change Add Remove	<u>PCD</u>	Robert M ChARles	3451 RIVERINA DR Pensocolo, FL 32514
2) Change Add	VPD	Elizabeth R. Charle	345/ Riverina Dr Pensocola, FL 32514
Remove 3)	<u> 7</u>	James HADLEY	1133 HADLEY LANE Contonment, FC 32533
4) Change Add Remove			
5) Change Add Remove			
6) Change Add			

tach additional sheets, if necessary).	(Be specific)

he date of each amendment(s) adoption:	, if other than the
ate this document was signed.	
Effective date if applicable: 3/3///6 (no more than 90 days after amendment)	file date)
Note: If the date inserted in this block does not meet the applicable statutory filing locument's effective date on the Department of State's records.	requirements, this date will 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 was/were sufficient for approval.	cast for the amendment(s)
There are no members or members entitled to vote on the amendment(s). The adopted by the board of directors.	amendment(s) was/were
Dated 3/31/16	
Signature	
(By the chairman or vice chairman of the board, president o	r 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)	
ROBERT M. CHARLE	يد
(Typed or printed name of person	on signing)
0->	
(Tide of access size	:
(Title of person sign	INS)