

N12000006227

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AND
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14 FEB 18 PM 4:55
SECRETARY OF STATE
TALLAHASSEE, FL 32301

C. LEWIS
FEB 18 2014
EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: **REDEMPTIVE LIFE CHRISTIAN MINISTRIES, INC**

DOCUMENT NUMBER: **N12000006227**

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

HENDERSON, DEMARCO L. SR

(Name of Contact Person)

REDEMPTIVE LIFE CHRISTIAN MINISTRIES, INC

(Firm/ Company)

PO BOX 585311

(Address)

ORLANDO, FL 32858

(City/ State and Zip Code)

redemptivelifefla@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DEMARCO HENDERSON at **757** **724-7499**

(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:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

Street Address

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

Articles of Amendment
to
Articles of Incorporation
of

APPROVED
AND
FILED

14 FEB 18 PM 4:55

REDEMPTIVE LIFE CHRISTIAN MINISTRIES, INC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

N12000006227

(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:

A. If amending name, enter the new name of the corporation:

Not Applicable

The new 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)

Not Applicable

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO BOX 585311

ORLANDO, FL 32858

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: Not Applicable

(Florida street address)

New Registered Office Address:

(City)

, Florida

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Page 2 of 4

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

Not Applicable

APPROVED
AND
FILED

The date of each amendment(s) adoption: 02/10/2014
date this document was signed.

if other than the

Effective date if applicable: 02/10/2014

14 FEB 18 PM 4: 55

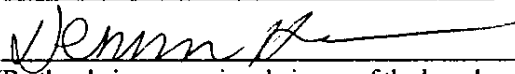
(no more than 90 days after amendment file date)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

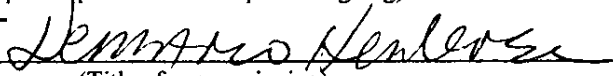
Dated 02/10/2014

Signature 
(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)

DEMARCO L. HENDERSON SR.

(Typed or printed name of person signing)

PRESIDENT


(Title of person signing)