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TO MAY 10 PH 3: 17



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATI	LIFESOURCE CHURCH, INC.
	N12000009221
DOCUMENT NUMBER:	
The enclosed Articles of An	mendment and fee are submitted for filing.
Please return all correspond	lence concerning this matter to the following:
YORK, SANDRA	
	(Name of Contact Person)
LIFESOURCE CHURCH,	INC.
	(Firm/ Company)
590 TAMIAMI TR UNIT 5	5 AND 6
	(Address)
PORT CHARLOTTE, FL 3	34954
	(City/ State and Zip Code)
GOCHURCH.FAITH@GM	MAIL.COM
I	E-mail address: (to be used for future annual report notification)
For further information con-	cerning this matter, please call:
RAMON CESTERO	9417862146 at
	(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:
☐ \$35 Filing Fee	Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) 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

FILED

Articles of Amendment to Articles of Incorporation of

18 MAY 10 PH 3: 17

SECTION TAIN PRISTATE
TALL SHAD SHE FLORIDA LIFESOURCE CHURCH, INC. (Name of Corporation as currently filed with the Florida Dept. of State) N12000009221 (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: GO CHURCH PC CORP 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: RAMON CESTERO Name of New Registered Agent: 590 TAMIAMI TRL UNIT 1 (Florida street address) New Registered Office Address: PORT CHARLOTTE (City) (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

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	<u>V</u> <u>Mik</u>	<u>1 Doe</u> <u>e Jones</u> <u>y Smith</u>	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	PRESID	RAMON A CESTERO	5421 S CHAMBERLAIN BLVD
X Add			NORTH PORT, FL 34286
Remove			
2) Change	VICE PI	JOHN D REEVES	6226 BLUERY AVE
X Add			NORTH PORT, FL 34291
Remove			
3) Change	TREASI	DUSTIN CARTEE	6205 PONCE DE LEON BLVD
X Add			NORTH PORT, FL 34291
Remove			
4) Change	SECRE	LILLIAN PERRY	3574 MONTCLAIR CIR
X Add			NORTH PORT, FL 34287
Remove			
5) Change	ADMIN	SANDRA YORK	17221 MALTA AVE
Add			PORT CHARLOTTE, FL 33954
X Remove			
6) Change			
Add			
Remove			

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

MAY 4, 2018	
The date of each amendment(s) adoption:	_, if other than th
MAY 4, 2018 Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records.	e 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.	
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 MAY 7, 2018 Signature Rown Company	
(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)	-
RAMON A CESTERO	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	