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SECRETARY OF STATE
SECRETARY OF STATE

### **COVER LETTER**

TO: Amendment Section
Division of Corporations

Tallahassee, FL 32314

	-				
NAME OF CORPORATIO	Kingdom	Life Institut	e of Florida		
DOCUMENT NUMBER: _	N13000005	240			
The enclosed Articles of Am	endment and fee are sub	nitted for filing.			
Please return all corresponde	nce concerning this matte	er to the following:			
Steven D Kul	_	J			
		(Name of Contact Person	n)		
Kingdom Life	Institute of		•		
		(Firm/ Company)			
4320 Deerwo	od Lake Pk	wy Ste # 10	01-151		
· banka an		(Address)			
Jacksonville	FL 32216				
		(City/ State and Zip Cod	e)		
steve.	klyf@yahoc	o.com			
	, ,	for future annual report	notification)	_	
For further information conc	erning this matter, please	call:			
Steven Kuhn		at (904	,910-9940	4	
(Name of Cor	ntact Person)	(Area C	ode & Daytime Telephone N	lumber)	نىگىد.
Enclosed is a check for the fo	ollowing amount made pa	yable to the Florida Depa	artment of State:	PR I	ق و مسيسي موسيد
□ \$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)	701 00 19 19 19 19 19 19 19 19 19 19 19 19 19	
Mailing A Amendmen Division of P.O. Box 6	nt Section f Corporations	Ameno Divisio	Address Iment Section on of Corporations Building		

2661 Executive Center Circle Tallahassee, FL 32301

#### **Articles of Amendment** to Articles of Incorporation of

## ASE ARRIVED SI Kingdom Life Institute of Florida (Name of Corporation as currently filed with the Florida Dept. of State) N13000005240

(Docu	ment Number of Co	rporation (if known)	•
Pursuant to the provisions of section 617.19 amendment(s) to its Articles of Incorporation		s, this Florida Not For Profit Corporation adopts th	e following
A. If amending name, enter the new name	ne of the corporati	on:	
N/A			The new
name must be distinguishable and contain "Company" or "Co." may not be used in t		ion" or "incorporated" or the abbreviation "Corp.	
B. Enter new principal office address, if (Principal office address MUST BE A ST		N/A	<del>_</del>
(Francipal Office address MOST BE A ST	<u>KECI ADDKESS</u> )		<del></del>
			<del></del>
C. Enter new mailing address, if applic (Mailing address MAY BE A POST O		N/A	
			_
			_
D. If amending the registered agent and new registered agent and/or the new		e address in Florida, enter the name of the	
	N/A	duitss.	
Name of New Registered Agent:	14// \		
		(Florida street address)	
New Registered Office Address:	,	r ior iau sireer aaar ess)	
	N/A	, Florida	
	(City)	(Zip Cod	te)
New Registered Agent's Signature, if ch	anging Registered	Agent:	
		niliar with and accept the obligations of the position	
	Signature of New	Pagistanad Agant if abanaina	

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	V Mik	n Doe te Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	TUCKER JACKSON	7059 BERRYWOOD LN
X		,	JACKSONVILLE, FL
Remove			32277
2) Change	<u>D</u>	TAMAR JACKSON	7059 BERRYWOOD LN
X_Add			JACKSONVILLE, FL
Remove			32277
3) Change	<u>V</u>	MICHAEL MIMS	5925 ALLEN PLACE
Add	<del></del>		JACKSONVILLE, FL
X Remove			32211
4) Change	ST	DEBORAH FREEMAN	571 E COPITT DR
X			ORANGE PARK, FL
Remove			32073
5) X Change	D	DAVID COOK	PO BOX 350429
Add			JACKSONVILLE, FL
Remove			32235
6) Change			
Add			
Remove			

attach additional sheets i	f necessary) - (P	le specific)			
famending or adding a attach additional sheets, i	, mecessary, (L	ic specific)			
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The date of each amendmen		, if other than the
date this document was signed  Effective date if applicable:		
Effective date <u>ir appricable</u> .	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/was/were sufficient for a	were 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	11/2014	
have	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)	<del></del>
STEVE	EN D KUHN SR	
	(Typed or printed name of person signing)	
PRESI	DENT	
	(Title of person signing)	

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