N14000000804

	(Requestor's Name)		
	(Address)		
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	(Business Entity Name)		
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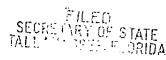
T. CARTER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: KINGDON	M FELLOW	SHIP ASSEMBL
DOCUMENT NUMBER: N1400000	804	
The enclosed Articles of Amendment and fee are subn	nitted for filing.	
Please return all correspondence concerning this matte	r to the following:	
VICTORIA F RAINES		
	(Name of Contact Person)
KINGDOM FELLOWSHI	IP ASSEME	BLY, INC.
	(Firm/ Company)	
PO BOX 5982		
	(Address)	
OCALA/FL/34478		
	(City/ State and Zip Code)
redeemedfc@aol	.com	
E-mail address: (to be used	for future annual report r	notification)
For further information concerning this matter, please	call:	
Victoria Raines	_{at} 352	875-7253 ode & Daytime Telephone Number)
(Name of Contact Person)	(Area Co	ode & Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida Depa	rtment of State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	=	□\$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	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle eassee, FL 32301

Articles of Amendment to Articles of Incorporation of



2:12

Kingdom Fellowship Assembly, Inc.	14 FEB -3 PA
(Name of Corporation as currently filed with the Florida Dept. of State)	
N1400000804	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Commendment(s)</i> to its Articles of Incorporation:	orporation adopts the following
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation" or "incorporated" or the a "Company" or "Co." may not be used in the name.	bbreviation "Corp." or "Inc."
3. Enter new principal office address, if applicable:	
Principal office address <u>MUST BE A STREET ADDRESS</u>)	
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 new registered agent and/or the new registered office address:	name of the
Name of New Registered Agent:	
(Florida street address)	
New Registered Office Address:	
, Flo	rida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
hereby accept the appointment as registered agent. I am familiar with and accept the obligation	tions of the position.

Page 1 of 4

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 Mik</u>	n <u>Doe</u> se <u>Jones</u> y <u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) X Change	<u>s</u>	Victoria F. Raines	745 NW 65th Street
Add			Ocala, FL 34475
Remove			
2) Change	<u>C</u>	Javier Dykes	330 London Pride Re
Add			Irnmo, SC 32609
Remove 3) Change	0	Eugene Huff	2500 12th Ave. S
Add			St. Petersburg, FL 3
X Remove			
4) Change			
Add			
Remove			
5) Change		· · · · · · · · · · · · · · · · · · ·	
Add			
Remove			
6) Change			
Add			
Remove			

attach additional sheets, if necessary).	(Be specific)
-	· · · · · · · · · · · · · · · · · · ·

The date of each amendmendate this document was signed		, if other than the
Effective date if applicable	January 29th, 2014	
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were sufficient for	were adopted by the members and the number of votes cast for the amendment(s) approval.	
adopted by the board of Dated O1 Signature (By the board of Dated O1 Signature (By the board of Dated O1 Victor	remembers entitled to vote on the amendment(s). The amendment(s) was/were f directors. /29/2014 Le therefore or rece 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 recourt appointed fiduciary by that fiduciary) ia F. Raines (Typed or printed name of person signing)	
Aumi		
	(Title of person signing)	

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