

N14 00000 4164

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

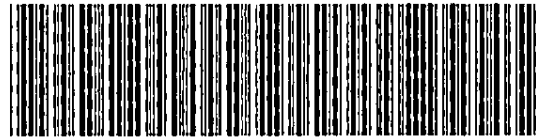
(Document Number)

Certified Copies _____ Certificates of Status _____

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09/22/20--01018--003 **35.00

Enitia Corporation
315 West Wacker Drive, Suite 240
Ann Arbor, MI 48103

Florida Department of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

August 31, 2020

Re: Rock of the Last Times Evangelical Church Inc.

Dear Sir or Madam:

Enitia Corporation has been authorized by KETELIE DAVID to file the enclosed Amendment for Rock of the Last Times Evangelical Church Inc.. Enitia Corporation is acting only as the Incorporator.

If you need any additional information, you can reach us at

1-877-281-6496 (toll free)
documents@directincorporation.com

We have enclosed an additional \$8.75 for one "Certificate of Status". For your convenience, I have enclosed a self-addressed envelope.

Thank you.

Enitia Corporation

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: FOUNTAIN OF TRUTH MINISTRIES, INC. (amending to Rock of the Last Times
Evangelical Church Inc.)

N14000004164

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

Shannon Stahlin

(Name of Contact Person)

Direct Inc.

(Firm/ Company)

315 W Huron Ste 240

(Address)

Ann Arbor, MI 48103

(City/ State and Zip Code)

documents@directincorp.com

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

For further information concerning this matter, please call:

Shannon Stahlin

8772816496

(Name of Contact Person)

at

(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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 30, 2020

SHANNON STAHLIN
DIRECT INC
315 W HURON STE 240
ANN ARBOR, MI 48103

SUBJECT: FOUNTAIN OF TRUTH MINISTRIES, INC.
Ref. Number: N14000004164

We have received your document for FOUNTAIN OF TRUTH MINISTRIES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

In order to file your document, the subject entity must first be reinstated.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia S Young
Regulatory Specialist II

Letter Number: 020A00021730

Articles of Amendment
to
Articles of Incorporation
of

FOUNTAIN OF TRUTH MINISTRIES, INC.

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

N14000004164

(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:

Rock of the Last Times Evangelical Church Inc.

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)

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:

Name of New Registered Agent:

(Florida street address)

New Registered Office Address:

(City)

Florida

(Zip Code)

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

Thereby 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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input type="checkbox"/> Add	<u>P</u>	<u>LACOMBE, WILFIRD</u>	<u>1407 Palm Beach Lakes Blvd</u> <u>WEST PALM BEACH, FL 33401</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change <input type="checkbox"/> Add	<u>SEC</u>	<u>EDNA, DOSSOU</u>	<u>360 S 57th Ave</u> <u>Greenacres, FL 33460</u>
<input checked="" type="checkbox"/> Remove			
3) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>DAVID, KETELBE</u>	<u>3515 Village Blvd Apt 304</u> <u>PALM BEACH, FL 33409</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Rejouis, Richard</u>	<u>3515 Village Blvd Apt 304</u> <u>PALM BEACH, FL 33409</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Joseph, Raphael</u>	<u>3515 Village Blvd Apt 304</u> <u>PALM BEACH, FL 33409</u>
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Regis, Eddy</u>	<u>3515 Village Blvd Apt 304</u> <u>PALM BEACH, FL 33409</u>

F. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary) (Be specific)

- ☒ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

August 31, 2020

Dated _____

Signature Ketelie David

(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)

DAVID, KETELIE

(Typed or printed name of person signing)

DIRECTOR

(Title of person signing)