## N14000010103

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SECRETARY OF STATE

2.6.15

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Kingdom	Purpose Tead	ch One Reach One
DOCUMENT NUMBER: N14000010	0103	
The enclosed Articles of Amendment and fee are sub	omitted for filing.	
Please return all correspondence concerning this mat	ter to the following:	
Attny Shaunette Stokes	c/o Sabrina	Miller-White
	(Name of Contact Person	1)
Mission Fulfilled "One V	Vorld One M	ission"
	(Firm/ Company)	
P O Box 3384		
	(Address)	
Brandon, FL 33509		
	(City/ State and Zip Code	e)
Missionfulfilled@gmail.com		
E-mail address: (to be use	ed for future annual report	notification)
For further information concerning this matter, please		
Sabrina Miller-White	727	831-4465
(Name of Contact Person)	(Area Co	ode & Daytime Telephone Number)
Enclosed is a check for the following amount made p	payable to the Florida Depa	artment of State:
\$35 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address Amendment Section		Address ment Section
Division of Corporations P.O. Box 6327	Divisio	n of Corporations Building

2661 Executive Center Circle Tallahassee, FL 32301

Alt. Amu

Tailahassee, FL 32314

## Articles of Amendment to Articles of Incorporation of



15 FEB 23 PH 12: 35

Kingdom Purpose Te	ach One	Reach One	
(Name of Corporation as current)	y filed with the Flo	orida Dept, of State)	<del></del>
N14000010103			
(Docu	ment Number of C	Corporation (if known)	<del></del>
Pursuant to the provisions of section 617.1 amendment(s) to its Articles of Incorporati		tes, this Florida Not For Profit Corporation adopts	the following
A. If amending name, enter the new name		<del></del>	
Mission Fulfilled "One	World O	ne Mission" Inc.	The new
		ation" or "incorporated" or the abbreviation "Cor	
"Company" or "Co." may not be used in	the name.	EEOO NI EOth Oten at	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS		5508 N. 50th Street	
		<sup>9</sup> Tampa, Floirda 33607	
			<del></del>
(Mauing address MAT DE A PUST OF FILE DUA)		P O Box 3384	
		Brandon, Florida 33509	<del>terrote lead ad-</del>
		Brandon, Florida 00000	
D. If smending the registered agent and	l/or registered offi	ice address in Florida, enter the name of the	
new registered agent and/or the new			
Name of New Registered Agent: Sabrina Miller-White			
, turne of 110 110 110; or 12 0; in	5508 N F	50th Street	
	000011.0	(Florida street address)	
New Registered Office Address:		, ,	
	Tampa	, Florida 33607	
	(City)		Code)
New Registered Agent's Signature, if ch	anging Registered	Agent:	
I hereby accept the appointment as registe	red ageni. I am fa	imiliar with and decept the obligations of the positi	on.
<del></del>	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	PT John I V Mike SV Sally	<u>Jones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P,D	Sabrina Miller-White	P O Box 3384
X Add			Brandon,FI 33509
Remove			
2) Change	VP_	Rosiland Harris	P O Box 3384
X Add			Brandon, Fl 33509
Remove	_		
3) Change	<u>D</u>	Attny. Crystal F. Willams	5508 N 50th Street
X Add			Tampa, FI 33607
Remove			
4) Change	D	Forrest Hodge	5508 N 50th Street
X Add			Tampa, FI 33607
Remove			
5) Change	D	Rosco Henry	404 Rainbow Springs Ct
X Add			Brandon,Fl 33509
Remove			
6) Change	CFO	Officer Christopher Bridgeforth	3883 Howard Hughes
X Add	***************************************		Ste:600
Remove			at an all the state of the stat

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)
Remove:
P,D,CEO Terry L Dow
2406 Hawks Point Ct
Ruskin, FL 33570
Remove:
D. Ashley Dow
13917 Hayward Place
Tampa, FL 33618
Remove:
S. Dorothy Dow
2406 Hawks Point Ct
Ruskin, FL 33570
Remove:
D. Tonette Mitchell
8606 Marks Street
Tampa, FL 33614

	FILED STATE
The date of each amendment(s) a	doption: SECRETARY UT STATIONS, if other than the
date this document was signed.	0141011 - nu 121 35
Effective date if applicable:	15 FEB 23 PH 12: 35
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were a was/were sufficient for approv	dopted by the members and the number of votes cast for the amendment(s) al.
There are no members or mem adopted by the board of direct	bers entitled to vote on the amendment(s). The amendment(s) was/were ors.
Dated 02/01	(2015
Signature	Ahline KING Other
	man or vice chairman of the board, president or other officer-if directors
	en selected, by an incorporator – if in the hands of a receiver, trustee, or
other court	appointed fiduciary by that fiduciary)  RHA W///2r - WH) (2
Plasia	(Typed or printed name of person signing)  ext / Director Registers of Agend
	(Title of nerson signing)

COURT OxelEKS to fullow.