

N14000010589

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

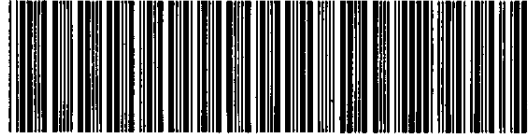
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
15 MAR -2 PM 4:21

C.L.  
3-515



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 5, 2015

CATHERINE COOPER / TOTAL LIFE 180 MINISTRIES, INC.  
2411 BRANCH WAY #205  
MAITLAND, FL 32751 US

SUBJECT: TOTAL LIFE 180 INC.  
Ref. Number: N14000010589

We have received your document for TOTAL LIFE 180 INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

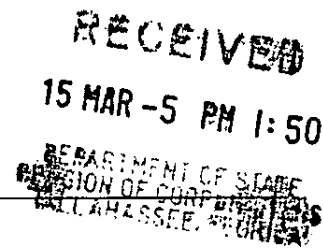
If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis  
Regulatory Specialist II

Letter Number: 915A00002428

COVER LETTER

TO: Amendment Section  
Division of Corporations



NAME OF CORPORATION: Total Life 180 Inc.

DOCUMENT NUMBER: N14000010589

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

Please return all correspondence concerning this matter to the following:

Catherine Cooper

(Name of Contact Person)

Total Life 180 Ministries, Inc.

(Firm/ Company)

2411 Branch Way #205

(Address)

Maitland, FL 32751

(City/ State and Zip Code)

cc.totallife180@gmail.com

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

For further information concerning this matter, please call:

Catherine Cooper

(Name of Contact Person)

at ( 407 ) 718-1455

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input checked="" type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional copy is<br>Enclosed) |
|--|--|--|--|

\*Check Already  
on File in your  
office \*

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

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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Total Life 180 Inc.

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

N14000010589

(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:**

Total Life 180 Ministries 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)

N/A

**C. Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

N/A

**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:

N/A

(Florida street address)

New Registered Office Address:

N/A

(City)

, Florida

(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*

*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.*

<u>X</u> Change	<u>PT</u>	<u>John Doe</u>
<u>X</u> Remove	<u>V</u>	<u>Mike Jones</u>
<u>X</u> Add	<u>SV</u>	<u>Sally Smith</u>

Address

Correct Spelling of Name:

Kyla R. Miller

150 Boardwalk Ave

Apt 236

**X** Add

Oviedo, FL 32765

1655 Flatbush Ave

Add

X Remove

Apt A-706

Brooklyn, NY 11210

\_\_\_\_\_

Add

Remove

1000

Add

Remove

0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99

Add

Remove

E. If amending or adding additional Articles, enter change(s) here:  
(attach additional sheets, if necessary). (Be specific)

ARTICLE III:

(Revise organization purpose to read as follows:)

Our vision is to help the Body of Christ reach their full potential,  
according to God's original intention. Our mission is to Awaken,  
Heal, Equip, & Commission the Body of Christ to better serve their  
families, their churches, and their communities; through biblically-  
based training & coaching programs, spirit led ministry events, plus,  
product tools and other resources.

The date of each amendment(s) adoption: 01/01/2015  
date this document was signed.

FILED, if other than the  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

Effective date if applicable: 01/01/2015

(no more than 90 days after amendment file date)

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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 02-16-2015

Signature Catherine Cooper

(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)

Catherine Cooper

(Typed or printed name of person signing)

President

(Title of person signing)