11500001041

| (Requestor's Name) | | | | |
|---|--|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| | | | | |
| | | | | |

Office Use Only



100317001551

Corieris--11023--01: ••48.76

ALL ALLS IN A 3-3-3-4.

AUG 17 2013

٠ ٠٠



COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATIO | Kingdom Truth Uni | versity | | |
|--------------------------------|--|---|------------------|--|
| | | | | |
| DOCUMENT NUMBER: _ | | | | |
| The enclosed Articles of Am | endment and fee are subn | nitted for filing. | | |
| Please return all corresponde | nce concerning this matte | r to the following: | | |
| Cyclyn R. Smith-Mobley | | | | |
| | | (Name of Contact Pe | rson) | |
| Kingdom Truth University | | | | |
| - | | (Firm/ Company |) | |
| 7749 Normandy Blvd, #14 | 5-134 | | | |
| | -II | (Address) | | · |
| Jacksonville, Fl. 32221 | | | | |
| | • | (City/ State and Zip (| lode) | |
| ktupresident@gmail.com | | | | |
| E | -mail address: (to be used | for future annual rep | ort notification | 1) |
| For further information conc | erning this matter, please | call: | | |
| Cyclyn R. Smith-Mobley | | at | 678 | 642-3788 |
| | (Name of Contact Person) | | (Area Code) | (Daytime Telephone Number) |
| Enclosed is a check for the fo | ollowing amount made pa | yable to the Florida D | Department of | State: |
| □ \$35 Filing Fee | \$43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Fee of Certified Copy (Additional copy is enclosed) | Certif Certif | 0 Filing Fee icate of Status icd Copy tional Copy is osed) |
| Mailing A | ddress | <u>Str</u> | eet Address | |

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

Kingdom Truth University

2018 AUS 16 P 3: 36

| (Name of Corporation | as currently filed with the Fi | orida Dept. of State of JARY OF STATE TALLAHASSEE, FLORID |
|--|--|---|
| (Docum | ent Number of Corporation (if | known) |
| Pursuant to the provisions of section 617.1006, Flori amendment(s) to its Articles of Incorporation: | da Statutes, this <i>Florida Not I</i> | For Profit Corporation adopts the following |
| A. If amending name, enter the new name of the | corporation: | |
| N/A | | The new |
| name must be distinguishable and contain the word "Company" or "Co." may not be used in the name | | ed" or the abbreviation "Corp." or "Inc." |
| B. Enter new principal office address, if applicat | N/A | |
| (Principal office address MUST BE A STREET AL | | |
| | | · · · · · · · · · · · · · · · · · · · |
| | | · · · · · · · · · · · · · · · · · · · |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E | N/A | |
| | | |
| D. If amending the registered agent and/or regis | tered office address in Florid | a. enter the name of the |
| new registered agent and/or the new registered | d office address: | |
| Name of New Registered Agent: | N/A | |
| | · | (Florida street address) |
| New Registered Office Address: | | |
| | N/A | , Florida (Zip Code) |
| | (City) | (Zip Code) |
| New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent | egistered Agent: I am familiar with and acce | pt the obligations of the position. |
| _ | Signature of New Reg | istered 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</u> <u>Mi</u> | nn Doe ke Jones lly Smith | |
|----------------------------------|--------------------|---------------------------------|------------------------------|
| Type of Action (Check One) | Title | Name | Address |
| 1) Change | VTR | Michael B. Williams | 7459 Richardson Hights Place |
| Add | | | Jacksonville, Ft. 32209 |
| X Remove | | | |
| 2) Change | D | Alicia V. Barnes | 7749 Normandy Blvd. #145-134 |
| X Add | | | Jacksonville, Fl. 32221 |
| Remove | | | |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | /6, |

| (attach additional sheets, if necessary). (Be specific) | | | | | | | |
|---|-----------|---|-------------|--|------------------|-------------|---|
| N/A | | | | | | | |
| | - | | - | | | . <u>-</u> | |
| | | | | | | | |
| | | | | | | | |
| | | | _ | | | | |
| | | | | | · - · | | |
| | | | | | | | |
| | | | | - | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | - | | ······································ | | | |
| | | | · | | ···· | | |
| | | | | | | | |
| | | | | | | | _ |
| | | | | | | | |
| | | | | _ | | | |
| | | | | | | | |
| | | | | · · · · · · · · · · · · · · · · · · · | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | · · · · · | | - | - | | | |
| <u> </u> | | | | | | | |
| | | | | | | | |
| | | | | - | | | |
| | | | • | | | | |
| | | | | | | | |
| | | | | | | | |

| | July 25th, 2018 | |
|------|--|-------------------------|
| | e date of each amendment(s) adoption: | , if other than the |
| date | e this document was signed. | |
| | July 25th, 2018 | |
| Effe | ective date <u>if applicable</u> : | |
| | (no more than 90 days after amendment file date) | |
| | te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date wil | Il not be listed as the |
| doc | ument's effective date on the Department of State's records. | |
| Ado | option of Amendment(s) (<u>CHECK ONE</u>) | |
| | 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 July 25, 2018 Signature yelyn & Smith Nobley, President | - |
| | (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) | |
| | Cyclyn R, Smith-Mobley | |
| | (Typed or printed name of person signing) | |
| | President | |
| | (Title of person signing) | |
| | | |