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COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations Kingdom Truth University; 1 NC NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Cyclyn R. Smith-Mobley (Name of Contact Person) Kingdom Truth University (Firm/ Company) 7749 Normany Blvd # 145-134 (Address) Jacksonville, Fl. 32221 (City/ State and Zip Code) ktupresident@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 678 6423788 Cyclyn R. Smit-Mobley (Name of Contact Person) (Area Code) (Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee ■\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status Certificate of Status (Additional copy is Certified Copy (Additional Copy is enclosed) Enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327

> 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Kingdom Truth University		
(Name of Corporation as curre	ently filed with the Florida De	pt. of State)
NISOT	140100 CC	
(Document Num	nber of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statuamendment(s) to its Articles of Incorporation:	ites, this <i>Florida Not For Profi</i>	1 Corporation adopts the following
A. If amending name, enter the new name of the corpora	ation:	
N/A		_ The new
name must be distinguishable and contain the word "corpor "Company" or "Co." may not be used in the name.	ration" or "incorporated" or th	e abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES)	N/A <u>S</u>)	
		2018
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	F CT - 2
D. If amending the registered agent and/or registered of	fice address in Florida, enter	the name of the
new registered agent and/or the new registered office		
Name of New Registered Agent: N/A		
New Registered Office Address:	(Florida str	reet address)
		, Florida (Zip Code)
	(City)	(z.ip Code)
New Registered Agent's Signature, if changing Registere thereby accept the appointment as registered agent. I am		ligations of the position.
	Signature of New Registered A	gent, 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>Mik</u>	n Doe te Jones y Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	VP	Yvette Williams	7459 RICHARDSON HEIGHTS
Add			Jacksonville, Fl. 32209
X Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or a (attach additional	sheets, if necessar	y). (Be specif	(ic)		
N/A					
		·			
•					
				-	
				 	-

September 19, 2018	, if other than the
The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
September 19, 2018 Effective date if applicable:	
(no more than 90) days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date of document's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the members and the number of votes east for the amendment was/were sufficient for approval.	(s)
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
Signature (By the chairman or vice chairman of the board, president or other officer-if director 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)	-