3/20/23, 4:39 PM Division of Corporations

n15 000001903

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6380

From:
Account Name : BRYTEBRIDGE CONSULTING, LLC
Account Number : I20200000117
Phone : (407)278-1552
Fax Number : (407)857-9309

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: faith.dnministries@gmail.com

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COR AMND/RESTATE/CORRECT OR O/D RESIGN

THE DIVINE FAITH DELIVERANCE HEALING MINISTRIES, INC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	$43.75

Electronic Filing Menu Corporate Filing Menu Help

((H23000105455 3))

Articles of Amendment
to
Articles of Incorporation
of

THE DIVINE FAITH DELIVERANCE HEALING MINISTRIES, INC

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

N15000001903

(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:**

Royal Life 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)

685 SW Lakehurst Dr
Port St. Lucie, Florida 34983-2466

C. **Enter new mailing address, if applicable:**
(Mailing address MAY BE A POST OFFICE BOX)

685 SW Lakehurst Dr
Port St. Lucie, Florida 34983-2466

2023 MAR 20 AM 9:14

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:

_____, Florida _____
(City) *(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

(((H23000105455 3)))

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	PT	John Doe
X Remove	V	Mike Jones
X Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) ____ Change		N/A	
____ Add			
____ Remove			
2) ____ Change			
____ Add			
____ Remove			
3) ____ Change			
____ Add			
____ Remove			
4) ____ Change			
____ Add			
____ Remove			
5) ____ Change			
____ Add			
____ Remove			
6) ____ Change			
____ Add			
____ Remove			

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2023 MAR 20 AM 9:14

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

N/A

2023 MAR 20 AM 9:14

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

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 will not be listed as the document's effective date on the Department of State's records.

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.

(((H23000105455 3)))

☐ 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 03/20/2023

Signature _____

(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)

Marie Mika Boromee

(Typed or printed name of person signing)

President

(Title of person signing)

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