## N 1500003090

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## **COVER LETTER**

TO: Amendment Section

**Division of Corporations** 

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations			
NAME OF CORPORATION: Faith	Harvest Ch	nristian	Center In
DOCUMENT NUMBER: N15000	0002090		
The enclosed Articles of Amendment and fee are subm	nitted for filing.		1
Please return all correspondence concerning this matte	r to the following:		
Don	ne Eldridge (Name of Contact Person)	Blackman	
Faith Hornes			<u> </u>
1315 Oakfield Drive	P.O. Box 2	621 Brand	lon, FL. 3350°
	(City/ State and Zip Code)	· · ·	
E-mail address: (to be used	MelblackMan@ for future annual report notific	Aol. (om	
For further information concerning this matter, please	call:		
Donne Blackman (Name of Contact Person)	w¹	H 492-3	<del></del>
Enclosed is a check for the following amount made pa		it of State:	
\$35 Filing Fee	Certified Copy (Additional copy is enclosed)	52.50 Filing Fee Certificate of Status Certified Copy Additional Copy is Enclosed)	
Mailing Address  Amendment Section	Street Addre Amendment		

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

1

Clifton Building



## FLORIDA DEPARTMENT OF STATE Division of Corporations

July 12, 2017

DONNEL ELDRIDGE BLACKMAN POST OFFICE BOX 2621 BRANDON, FL 33509

SUBJECT: EPIC LIFE CHRISTIAN CENTER, INC.

Ref. Number: N15000002090

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Claretha Golden Regulatory Specialist II

Letter Number: 117A00014072

## Articles of Amendment

to

Articles	of	Incorpo	ration
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(Name of Corporation as cu	urrently filed with the Flori	ida Dept. of State)	
N150	2000000000	10	
(Document N	Number of Corporation (if kn	nown)	<del>.</del>
Pursuant to the provisions of section 617.1006, Florida Samendment(s) to its Articles of Incorporation:	Statutes, this <i>Florida Not For</i>	Profit Corporation add	opts the following
A. If amending name, enter the new name of the corp	oorati <u>on:</u>	_	
Pic L name must be distinguishable and contain the word " con	ife Christic	an Centeri-	The new
name must be distinguishable and contain the word " cor "Company" or "Co." may not be used in the name.	_	<b>f</b> .	Corp." or "Inc."
B. Enter new principal office address, if applicable:	10133 Pie	dmont Chase	<u>Court</u>
(Principal office address <u>MUST BE A STREET ADDR</u>	ESS) Apt 204	Tampa, FL	33619
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1315 Dal P.O. Box	cfield Dri	ve
D. If amending the registered agent and/or registered	Brandon, 1	FL.33509	
new registered agent and/or the new registered of		1	
Name of New Registered Agent:	<u></u>	1	
		:	
New Registered Office Address:	(Fle	orida street address)	
		. Florida	
	(City)	(Zip <sub>i</sub> Ce	ode)
New Registered Agent's Signature, if changing Regist	tered Agent:	!	
I hereby accept the appointment as registered agent. I	am familiar with and accept	the obligations of the po	sition.
	Signature of New Registe	ered Agent, if changing	
		نو <sup>ن</sup> ا	2017 TV-11
	Page 1 of 4		JUL 28 Ahiksai

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 John Doe X Remove Mike Jones <u>SV</u> Sally Smith X Add Address <u>Title</u> Type of Action Name (Check One) 1) \_\_\_\_ Change \_\_\_\_ Add \_\_ Remove 2) \_\_\_\_ Change \_\_\_\_ Add \_\_\_\_ Remove

3) \_\_\_\_ Change \_\_\_\_ Add \_\_\_\_ Remove Change \_\_ Add \_ Remove 5) \_\_\_\_ Change \_\_ Add \_ Remove \_\_ Change A∕dd Remove Page 2 of 4

f amending or adding additional Arti attach additional sheets, if necessary).	(Be specific)		
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Page 3 of 4

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'he date of each amendment(s) ad ate this document was signed.	option: <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>	, if other than the
Effective date if applicable:	07/05/2017	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bloc locument's effective date on the Dep	ck does not meet the applicable statutory filing requirement of State's records.	ents, this date will not be listed as the
		1
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were ad was/were sufficient for approva	opted by the members and the number of votes cast for t	he amendment(s)
There are no members or membadopted by the board of directo	pers entitled to vote on the amendment(s). The amendments.	nt(s) was/were
Dated	07/05/2017	
Signature	)/ E/S(in	
have no bee	man of vice chairman of the board, president or other offen selected, by an incorporator — if in the hands of a receimpointed fiduciary by that fiduciary)	
		ackman
	Typed or printed name of person signing  President  (Title of person signing)	) 
	(Title of person signing)	