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COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations
NAME OF CORPORATION: Life Kingdom Outreach Center, Ind
DOCUMENT NUMBER: N 1500000000000000000000000000000000000
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of Contact Person)
(Firm/ Company)
1439 LAKE BIDATING ROLD
Tallaliassee + 101, 12 33304 (City/ State and Zip Code)
Kocerter Tomail. Com E-mail addresss to be used for future annual report notification)
For further information concerning this matter, please call:
(Name of Contact Person) at BSU-284-2065 (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 Certificate of Status (Additional copy is enclosed) ☐ \$52.50 Filing Fee Certificate of Status (Additional copy is Enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

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Articles of Amendment

to

Articles of Incorporation of

Life Viscour Oute	each Center Inc
(Name of Corporation as currently	v filed with the Florida Dept. of State)
W 1500000 2610	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 617 1006, Florida Statutes, imendment(s) to its Articles of Incorporation:	this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation	<u>n:</u>
name must be distinguishable and contain the word "corporatio "Company" or "Co." may not be used in the name	The new or "mcorporated" or the abbreviation "Corp" or "Inc"
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	2
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NHASSEE FLORID:
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad Name of New Registered Agent: \(\sum \) \(\sum \)	
35:35 New Registered Office Address.	Roberts Due LH 227
To 110	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am fam	
Sign	anature of New Registered Agent, if changing

Page 1 of 4

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 A Add	<u>V</u> <u>Mik</u>	<u>i Doc</u> e Jones y Smith		
Type of Action (Check One)	<u>Title</u>	Name		<u>Address</u>
(Change	P	6-10-30	y Jalker	Tollah son Fin 300 Oct
Remove 2) Change	VP	 .		14317 Liske Bratterd Russ
Add Remove 3) Change Add				TotalosceFla 32504
Remove 4) Change Add				
Remove 5) Change Add Remove				
6) Change Add Remove				

ttach additional sheets, if n	itional Articles, enter (ecessary).— (Be specifi	ic)		
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The date of each amendment(s) adoption: 6/16/2017 the date this document was signed	, if other than the
Effective date if applicable: (no more that 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 document's effective date on the Department of State's records.	be listed as the
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 6/16/2017	
Signature Hough	
(By the charman 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)	
CREGORY WALKER (Typed or printed name of person signing)	
President / Bishon	

(Title of person signing)