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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H16000109832 3)))



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COR AMND/RESTATE/CORRECT OR O/D RESIGN PILLAR OF TRUTH INC.

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C LEMIS

5/3/2016 9:35 AM

May 4, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

PILLAR OF TRUTH INC. 7990 BAYMEADOWS RD E, #910 JACKSONVILLE, FL 32256US

SUBJECT: PILLAR OF TRUTH INC.

REF: N16000002403

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You did not fill out the amendment with the changes.

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

Carolyn Lewis Regulatory Specialist II FAX Aud. #: B16000109832 Letter Number: 316A00009240

16 MAY -4, AM 11: 32

MAY - 5 2016

P.O BOX 6327 - Tailahassee, Florida 32314 C LEWIS

05/04/2016 9:53AM (GMT-04:00)

FILE? SECRETARY OF STATE H16000109832 CORPORATIONS

16 MAY -3 AM 8: 53

Articles of Amendment Articles of Incorporation of

PILLA	R OF TRUTH INC.	
(Name of Corporation as cu	rrently filed with the Florid	B Dept. of State)
	N16000002403	
(Document N	lumber of Corporation (if kno	wn)
Pursuant to the provisions of section 617.1006, Florida Stamendment(s) to its Articles of Incorporation:	tatutes, this <i>Florida Not For I</i>	Profit Corporation adopts the following
A. If amending name, enter the new name of the corp	oration:	
THE PILLAR OF TRUTH CHURCH INC.		The new
name must be distinguishable and contain the word "corp "Company" or "Co." may not be used in the name.	poration" or "incorporated"	or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRE	ESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
D. If amending the registered agent and/or registered	office address in Florida, et	iter the name of the
new registered agent and/or the new registered off N/A	ice address:	
Name of New Registered Agent:		
		da sireet address)
New Registered Office Address:	(Flace	uci street uum ess)
		, Florida
*******	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registe	ered Agent:	
hereby accept the appointment as registered agent. I a		e obligations of the position,
	,	
	- CV - B - 1 - 1	
	Signature of New Register	ea Ageni, ij changing

Page 1 of 4

H16000109832

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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		n Doe & Jones	
X Add		y Smith	
Type of Action (Check One)	Title	Name	Address
I) N/A Change	N/A	N/A	N/A
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			· · · · · · · · · · · · · · · · · · ·
Add			
Remove			
4) Change			
Add			
Remove			
5)Change			
Add			
Remove			
6) Change	`		
Add			
Remove		Page 2 of 4	
			H16000109832

H16000109832 E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) N/A

Page 3 of 4

H16000109832

FILEM SECRETARY OF STATE DIVISION OF CORPORATIONS H16000109832

Γhe	date of each amendm	
late	this document was sign	ned. 16 MAY -3 AM 8: 53
Ife	ctive date <u>if applicab</u>	UPON FILING
		(no more than 90 days after amendment file date)
		in this block does not meet the applicable statutory filing requirements, this date will not be listed as the on the Department of State's records.
do	ption of Amendment((s) (<u>CHECK ONE</u>)
	The amendment(s) was was/were sufficient for	is/were adopted by the members and the number of votes cast for the amendment(s) r approval.
=	There are no members adopted by the board	s or members entitled to vote on the amendment(s). The amendment(s) was/were of directors.
	Dated	V/14/2016
	Signature	A
	hav	the chairman or vice chairman of the board, president or other officer-if directors we not been selected, by an incorporator — if in the hands of a receiver, trustee, or her court appointed fiduciary by that (iduciary)
		MARTINE MATONSI
	•	(Typed or printed name of person signing)
		SECRETARY/DIRECTOR
	•	(Title of serves signing)

Page 4 of 4

H16000109832