

| | (Requestor's Name) |
|-------------|---------------------------------|
| | (Address) |
| | (Address) |
| - | (City/State/Zip/Phone #) |
| | PICK-UP WAIT MAIL |
| | (Business Entity Name) |
| | (Document Number) |
| Certified C | Copies Certificates of Status |
| Special I | Instructions to Filing Officer: |
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FEB 1 6 2018

T. LENSEUX



COVER LETTER

TO: Amendment Section
Division of Corporations

Tallahassee, FL 32314

| NAME OF CORPORATION: Universal Life Church nonDenominati |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DOCUMENT NUMBER: N160000 3548 |
| The enclosed Articles of Amendment and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| JEANBAPTISTE, KENOLD |
| (Name of Contact Person) |
| (Firm/ Company) |
| 950 NE 138 th St |
| (Address) |
| North Miami, FL 33161 (City/State and Zip Code) |
| / = · · · · · · · · · · · · · · · · · · |
| Kerial address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| KENOLD JEANEAPTISTE at 305 332-5973 (Name of Contact Person) (Area Code) (Daytime Telephone Number) |
| (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 \$\Bigcup \\$43.75 Filing Fee & Certificate of Status |
| Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building |

2661 Executive Center Circle Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 30, 2018

KENOLD JEANBAPTISTE 950 NE 138 ST N|MIAMI, FL 33161

SUBJECT: UNIVERSAL LIFE CHURCH NONDENOMATION, INC

Ref. Number: N16000003548

We have received your document for UNIVERSAL LIFE CHURCH NONDENOMATION, INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please have a officer or director sign the amendment.

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 718A00001985

Articles of Amendment Articles of Incorporation

N160000035

0 3548 (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 corpora | ition: | |
| universal Life Church name must be distinguishable and contain the word "corpor | | mination. In The new |
| name must be distinguishable and contain the word "corpor | ation" or "incorpora | ted" or the abbreviation "Corp." or "Inc." |
| "Company" or "Co." may not be used in the name. | | |
| B. Enter new principal office address, if applicable: | 950 N | E138th St |
| (Principal office address <u>MUST BE A STREET ADDRESS</u> | North M | liami |
| | <u>FL 331</u> | <u> </u> |
| C. Enter new mailing address, if applicable: | | |
| (Mailing address <u>MAY BE A POST OFFICE BOX</u>) | | <u> </u> |
| | | |
| | | |
| D. If amending the registered agent and/or registered of | fice address in Floric | is, enter the name of the |
| new registered agent and/or the new registered office | | <u> </u> |
| | | |
| Name of New Registered Agent: | | |
| | | |
| | | (Florida street address) |
| New Registered Office Address: | | • |
| | | , Florida |
| | (City) | (Zip Code) |
| New Registered Agent's Signature, if changing Registere | d 4 | |
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I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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 | <u>PT</u> <u>J</u> <u>V</u> <u>M</u> <u>SV</u> <u>S</u> | lohn Doe | |
| X Remove | <u>V</u> <u>N</u> | Mike Jones | |
| X Add | <u>SV</u> § | Sally Smith | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| 1 | | | |
| 1)Change | | | |
| Add | | | |
| Remove | | | |
| | | | |
| 2)Change | | | |
| Add | | | |
| Remove | | | |
| Kemove | | | |
| 3)Change | | | |
| Add | | | |
| Remove | | | |
| | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| | | | |
| 5) Change | | | - |
| Add | | | |
| Remove | | | |
| | | | |
| 6) Change | | | |
| Add | | | |
| | | | |
| Remove | | | |

| (attach additional sheets, if necessary). (Be specific) | |
|---------------------------------------------------------|-----|
| January 25, 2018 | |
| On behalf of my church amendment, I | |
| would like to ask to remove the miss spelling | 19 |
| words From my universal life church nondenomat | |
| to entire name is universal LiFe Church nonve | |
| new name universal life church nonvenominat | |
| Document # N16000003548? | - , |
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| | |
| Kenold Jeanbaptiste | |
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| The | date of each amendment(s) adoption: January, 25, 2018 this document was signed. | , if other than th |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| • | ective date if applicable: January 25, 2018 | |
| | (no mare than In days after amendment file date) | |
| | e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will ument's effective date on the Department of State's records. | not be listed as the |
| Ado | option 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. | |
| 刄 | 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 02-12-2018 | |
| | Signature Kenall Tentatiste | |
| | (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) | |
| | Kenold Jeanbaptiste | |
| | (Typed or printed namelof person signing) | |
| | Pastor | |
| | (Title of person signing) | |