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I ALBRITTON

#### **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION	Life Empowerment C	enter INC		
	N16000006443			
The enclosed Articles of Am	endment and fee are subm	nitted for filing.		
Please return all corresponde	nce concerning this matter	r to the following:		
Deporshia Slater				
		(Name of Contact Pe	erson)	
Life Empowerment Center I	nc			
		(Firm/ Company	·)	
802 Liberty St				
		(Address)	<del> </del>	
Eustis Fl 32726				
	(	City/ State and Zip	Code)	
porshia_32757@yahoo.com				
E	mail address: (to be used	for future annual rep	ort notification	)
For further information conc	erning this matter, please o	eall:		
Deporshia Slater		at	352	3460831
	(Name of Contact Person)		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the fo	ollowing amount made pay	vable to the Florida I	Department of S	State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy is enclosed)	Certifi s Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## **Articles of Amendment** Articles of Incorporation of

	Articles of Incorporation		
	of	글.	
Life Empowerment Center Inc			
(Name of Corporation as	currently filed with the Florida	Dept. of State)	¥"-"
N16000006443			يَ دُ
(Documen	t Number of Corporation (if know	1)	2
·	•	•	
tursuant to the provisions of section 617.1006, Florida mendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For Pr	ofit Corporation adopts the following	
mendinends) with Articles of medipolation.		<i>5</i>	•
. If amending name, enter the new name of the co	rporation:	· /	
ictory Ministries Of Zellwood Inc		The new	
ame must be distinguishable and contain the word "c	orporation" or "incorporated" of		
Company" or "Co." may not be used in the name.			
. Enter new principal office address, if applicable	. 3116 N Washington St		
Principal office address <u>MUST BE A STREET ADD</u>		2 2008	
	ZETIMOW, "	Da 190	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	P.O 246 Zellwood Fl 32798		
(Mulling undress MAT BE A FOST OFFICE BO.	<u> </u>		
<ul> <li>If amending the registered agent and/or register new registered agent and/or the new registered</li> </ul>		er the name of the	
Name of New Registered Agent: De	eporshia Slater		
80	2 Liberty St Eustis Fl 32798		
<del></del>	(Florida	street address)	
New Registered Office Address:			
Ze	ellwood	32798 Florida	
	(City)	(Zip Code)	
	• . • • .		
New Registered Agent's Signature, if changing Reg hereby accept the appointment as registered agent.	istered Agent:	obligations of the position	
петеоу иссері те прроттет ал геділегей идет.	тын <sub>ја</sub> нтин тип ини иссерстве	ovugunous of me position.	
	Signature of New Registered	Agent if changing	
	DIVIDUALE DI DEW REVINEFED	arem, n ununeme	

#### 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 X Add	$\overline{\mathbf{V}}$ $\overline{\mathbf{M}}$	hn Doe ike Jones Ily Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>D</u>	Michael R Kollock	5 Hemlock Loop Ocala Fl 34472
Add x Remove			
2) X Change Add Remove	<u>P</u>	Chaswon B Blackmon	802 Liberty St Eustis Fl 32726
3) X Change Add Remove	T	Deporshia A Slater	802 Liberty St Eustis Fl 32726
4) Change     x Add     Remove	<u>D</u>	Tavion Blackmon	3671 Mohawk Dr Zellwood Fl 32798
5) Change  x	D	Peggy Hayes	910 Selleen Dr Eustis Fl 32798
6) Change  X Add	D	Luis Henderson	1416 30th St Orlando Fl 32805

## 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.

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Example: X Change X Remove X Add	<u>V</u> <u>Mik</u>	<u>a Doe</u> e Jones y <u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	D	Daniel Rusche	252 W Ardice Ave #426 Eustis
x Add			Fl 32726
Remove			
2) Change	<del></del>		
Add			
Remove			
3) Change			
Add			
Remove			
4) Change	***************************************		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(attach additional sheets, if necessary). (Be specific)			
Our ministry new purpose is to empower individuals and families through biblical and godly education. Also providing			
spiritual and life coaching offering hope and success.			
·			

	12/2//2010	
The date of each amendmen	nt(s) adoption:	_, if other than the
date this document was signe		
· ·		
Effective date if applicable:		
<u></u>	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this date will not be the Department of State's records.	e listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/was/were sufficient for a	were adopted by the members and the number of votes cast for the amendment(s) approval.	
There are no members of adopted by the board of	r members entitled to vote on the amendment(s). The amendment(s) was/were directors.	
Dated	7/16	
Signature	Mossin telimin	_
have	ne chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)	
C	haswon Blackmon	
<del></del>	(Typed or printed name of person signing)	
Pr	resident	
	(Title of person signing)	