N16000006443

(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL
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[F. [2] [F. [2]] 2021 FEB 15 PM 3: 51 SECRETARY (F. 27.7)

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COVER LETTER

TO: Amendment Section Division of Corporations

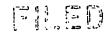
NAME OF CORPORATI	Ekklesia Intl Kingdo				
DOCUMENT NUMBER:					
The enclosed Articles of An	nendment and fee are sub	mitted for filing.			
Please return all correspond	lence concerning this matt	er to the following:			
Deporshia Blackmon					
		(Name of Contact	Person)		
Ekklesia Intl Kingdom Min	istries Inc				
		(Firm/ Compa	ny)		
4420 S US 27 STE #4					
<u> </u>		(Address)			
Clermont FL 34711					
		(City/ State and Zi	p Code)		
ekklesiaintlministries@gma	ail.com				
I	E-mail address: (to be used	d for future annual r	eport no	ification	1)
For further information con	cerning this matter, please	call:			
Deporshia Blackmon			352		346-0831
	(Name of Contact Person		(Area	Code)	(Daytime Telephone Number)
Enclosed is a check for the	following amount made p	ayable to the Florida	a Depart	ment of	State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fe Certified Copy (Additional copy enclosed)		Certifi Certifi	D Filing Fee leate of Status led Copy dional Copy is lised)
Mailing A	Address	<u>s</u>	Street Ac	ldress	

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

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



Victory Legacy International Minsitries Inc

2021 FEB 15 PH 3:51

Victory Legacy international winishries inc		DESCRIPTION OF STATE
(Name of Corporation as currently filed with the Florid	a Dept. of State)	SECRETARY OF STATE
N16000006443		Market Market Control
(Document Nur	mber of Corporation (if kn	own)
Pursuant to the provisions of section 617.1006, Florida Statemendment(s) to its Articles of Incorporation:	tutes, this <i>Florida Not For</i>	Profit Corporation adopts the following
A. If amending name, enter the new name of the corpor	ration:	
Ekklesia Intl Kingdom Ministries Inc	•	The new
name must be distinguishable and contain the word "corpo "Company" or "Co." may not be used in the name.	pration" or "incorporated"	
B. Enter new principal office address, if applicable:	3116 N Washington S	Zellwood FL 32798
(Principal office address MUST BE A STREET ADDRES	<u>SS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4420 S US 27 STE #4	Clermont FL 34711
D. If amending the registered agent and/or registered o	ffice address in Florida, e	enter the name of the
new registered agent and/or the new registered offic		
Name of New Registered Agent: n/a		
-	(Flo	rida street address)
New Registered Office Address:	·	,
		Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Register	ed Agent	
I hereby accept the appointment as registered agent. I am		he obligations of the position.
	·	
		
	Signature of New Register	red Agent, if changing

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	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jone Sally Smi	<u>es</u>	
Type of Action (Check One)	<u>Title</u>	1	<u>Name</u>	Address
1) Change Add				
Remove			-	
2) Change Add				
Remove 3) Remove — Add — Remove				
4) Change Add				
Remove			-	
5) Change Add				
Remove			-	
6) Change Add				
Remove E. If amending or addin	g additic	onal Articl	Page 2 of 4 les, enter change(s) here:	
(attach additional shee				
N/A				
				-
		-		

•	
	•
	
	Day 2 - 6 4
	Page 3 of 4
	•
	N/A
The date of each amendment(s) add date this document was signed.	option: N/A , if other than the
Effective date if applicable:	(no more than 90 days after amendment file date)
	(no more than 90 days after amendment file date)
<u>Note:</u> If the date inserted in this bloc document's effective date on the Dep	k does not meet the applicable statutory filing requirements, this date will not be listed as the artment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were add was/were sufficient for approval	opted by the members and the number of votes cast for the amendment(s)

Dated	2/11/21
Signature (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)
	Deporshia Błackmon
	(Typed or printed name of person signing)
	VP
	(Title of person signing)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were

adopted by the board of directors.