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TO: Amendment Section Division of Corporations

NAME OF CORPORATION	on: Pron	nise Life Chu	rch, Inc.	·	
DOCUMENT NUMBER:	N	11600000657	70		
The enclosed Articles of Am		mitted for filing.			
Please return all corresponde		_			
-	Kim	berley A. Pull	inas		
		(Name of Contact Pe		<u></u>	
	_				
	Prom	ise Life Churc	en, inc.		_
		(Firm/ Company)		
	3299	Lake Effie C	ourt N		
		(Address)			
	Jacks	onville, FL 32	277		
	Odoks	(City/ State and Zip C			
	Mrspu	llings@icloud	.com		
Е	-mail address: (to be used	_		n)	
For further information conc	erning this matter, please	call:			
Kimberley	Pullings	at _		926-7496	
	(Name of Contact Person	1)	(Area Code)	(Daytime Telephone	Number)
Enclosed is a check for the f	ollowing amount made pa	yable to the Florida D	epartment of	State:	
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	■\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Centif Centif	0 Filing Fee icate of Status ied Copy tional Copy is osed)	
Mailing A Amendme	Address ont Section		eet Address endment Secti	ion	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation

Promise Life Church, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State) N16000006570

(Document Number of Corporation (if known)

Mon Supplier 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	IA	The new
name must be distinguishable and contain the word	^{(l} corporation" or "incorporated	d" or the abbreviation "Corp." or "Inc."
"Company" or "Co." may not be used in the name.	. /	
B. Enter new principal office address, if applicab (Principal office address MUST BE A STREET AD		4
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Be	ox	\
		•
D. If amending the registered agent and/or registered new registered agent and/or the new registered	ered office address in Florida. d office address:	enter the name of the
Name of New Registered Agent:		4
New Registered Office Address:	(Fle	orida street address)
		, Florida
_	(City)	(Zip Code)
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.		the obligations of the position.
	N/2	•
	Signature of New Registe	ered 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		Doe Jones Smith	
Type of Action (Check One)	Title	Name	Address
1) Change Add Remove	_TD_	Randy S. Pullings	3299 Lake Effie Court N Jacksonville, FL 32277
2) Change Add Remove	SD	Kimberley A. Pullings	3299 Lake Effie Court N Jacksonville, FL 32277
3) Change Add Remove			
4) Change Add Remove			· · · · · · · · · · · · · · · · · · ·
5) Change Add Remove			
6) Change Add Remove	<u></u>		

. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)						
						
						
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	e date of each amendment(s) adopte this document was signed.	ion:	, if other than the
	· ·		
Effe	ective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	e: If the date inserted in this block oument's effective date on the Depart	does not meet the applicable statutory filing requirements, this date will not ment of State's records.	be listed as the
Adoption of Amendment(s)		(<u>CHECK ONE</u>)	
	The amendment(s) was/were adopt was/were sufficient for approval.	ed by the members and the number of votes cast for the amendment(s)	
X	There are no members or members adopted by the board of directors.	entitled to vote on the amendment(s). The amendment(s) was/were	
	Dated March S	9, 2018	
	Signature	X/ Sala	
	(By the chairman have not been s	n of vice chairman of the board, president or other officer-if directors elected, by an incorporator – if in the hands of a receiver, trustee, or binted fiduciary by that fiduciary)	
		Kimberley A. Pullings	
		(Typed or printed name of person signing)	
		Secretary	
		(Title of person signing)	