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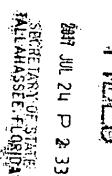
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| Special Instructions to | Filing Officer: | |
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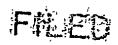
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| ♥ <u>COVER LET</u> | <u>[ER</u> · • |
|---------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|
| TO: Amendment Séction Division of Corporations | |
| Word Empowerment Kingdom Center, NAME OF CORPORATION: | Inc. |
| N17000004669 DOCUMENT NUMBER: | |
| The enclosed Articles of Amendment and fee are submitted for filing. | |
| Please return all correspondence concerning this matter to the following: | |
| Jermaine Andrews | |
| (Name of Contact | Person) |
| | |
| (Firm/ Compa | ny) |
| 22325 Columbus Ave | |
| (Address) | |
| Port Charlotte, FL 33954-3438 | |
| (City/ State and Zip | Code) |
| wordempowermentke@yahoo.com | |
| E-mail address: (to be used for future annual re | eport notification) |
| For further information concerning this matter, please call: | |
| | 863 677-5259 |
| (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 \$\sum \\$43.75 Filing Fee & \sum \\$43.75 Filing Fee Certificate of Status Certified Copy (Additional copy enclosed) | Certificate of Status |
| | treet Address |
| | mendment Section ivision of Corporations |

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 to ` Articles of Incorporation of



Word Empowerment Kingdom Center, Inc.

| (Name of Corporation as currer | tly filed with | the Florida Dept. all State 24 P 2: 33 |
|-----------------------------------------------------------------------------------------------------------------------|-------------------------|-------------------------------------------------|
| N17000004669 | | SWIFTING |
| (Document Numb | per of Corporat | tion (if known) FALLAHASSEE FLORIDA |
| Pursuant to the provisions of section 617, 1006, Florida Statut amendment(s) to its Articles of Incorporation: | es, this <i>Florida</i> | Not For Profit Corporation adopts the following |
| A. If amending name, enter the new name of the corporat | ion: | |
| N/A | | The new |
| name must be distinguishable and contain the word "corpora "Company" or "Co." may not be used in the name. | tion" or "inco | |
| B. Enter new principal office address, if applicable: | N/A | |
| (Principal office address <u>MUST BE A STREET ADDRESS</u> |) | |
| | | 1 |
| C. Enter new mailing address, if applicable: | N/A | |
| (Mailing address <u>MAY BE A POST OFFICE BOX</u>) | | |
| | | |
| | | |
| D. If amending the registered agent and/or registered offi new registered agent and/or the new registered office ε | | Florida, enter the name of the |
| Name of New Registered Agent: | | |
| | ·- · · · | |
| New Registered Office Address: | | (Florida street address) |
| N/A | | , Florida N/A |
| | (City) | (Zip Code) |
| New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa | | daccept the obligations of the position. |
| S | ignature of Ne | w Registered Agent, if changing |
| | | |

Page 1 of 4

| | , | | |
|--------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| address of each Officer: (Attach additional sheets, Please note the officer/dit P = President; V = Vice F | and/or Director to if necessary) rector title by the jornal Testident; T= Treater Chief Financial is | neing added: Sirst letter of the office title: Sisurer; S= Secretary; D= Director; Toldism Officer. If an officer/director holds in | officer/director being removed and title, name, and IR = Trustee; C = Chairman or Clerk; CEO = Chief more than one title, list the first letter of each office |
| | ves the corporatio | n, Sally Smith is named the V and S. | as the PST and Mike Jones is listed as the V. There is These should be noted as John Doc. PT as a Change, |
| Example: X Change X Remove X Add | PT John De V Mike Jo SV Sally Si | ones | |
| Type of Action (Check One) | Title | Name | <u>Addres</u> s |
| 1) Change | DIR | Vanessa Pittman | 21474 Michigan Ave |
| Add X Remove | | | Port Charlotte, FL 33952-1667 |
| 2) Change | DIR | Nehemiah Pittman | 21474 Michigan Ave |
| Add | | | Port Charlotte, FL 33952-1667 |
| X Remove | | | |

| (Check One) | <u>Title</u> | Name | <u>Addres</u> s |
|-------------|--------------|------------------|-------------------------------|
| 1) Change | DIR | Vanessa Pittman | 21474 Michigan Ave |
| Add | | | Port Charlotte, FL 33952-1667 |
| X Remove | | | |
| 2) Change | DIR | Nehemiah Pittman | 21474 Michigan Ave |
| Add | | | Port Charlotte, FL 33952-1667 |
| X Remove | | | |
| 3) Change | | - | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| April 25, 2017 | |
|-------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| The date of each amendment(s) adoption: date this document was signed. | if other than the |
| April 25, 2017 Effective date if applicable: | |
| (no more than 90 days after amend | fment file date) |
| Note: If the date inserted in this block does not meet the applicable statutory document's effective date on the Department of State's records. | filing requirements, this date will not be listed as the |
| Adoption of Amendment(s) (CHECK ONE) | |
| The amendment(s) was/were adopted by the members and the number of was/were sufficient for approval. | votes cast for the amendment(s) |
| There are no members or members entitled to vote on the amendment(s), adopted by the board of directors. | The amendment(s) was/were |
| Dated 4/25/2017 | |
| Signature ATMACCO TO | 170000 |
| (By the chairman or vice chairman of the board, president | |
| have not been selected, by an incorporator - if in the other court appointed fiduciary by that fiduciary) | nands of a receiver, trustee, or |
| Jermaine Andrews | |
| (Typed or printed name of | person signing) |
| | |
| Senior Pastor/Director | |
| (Title of person | signing) |
| | |