## N17000005857

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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION	ON: Encounter	r Life Chu	rch of God, Inc	
DOCUMENT NUMBER: ,	NITODOOD	58.57	,	
The enclosed Articles of Am				
The eliciosed Articles by Am	enument and ice are suom	ance for ming.		
Please return all corresponde	ence concerning this matter	to the following:		
	(	Name of Contact Person	)	
		(Firm/ Company)		
		(Titul Company)		
		(Address)		
	(	City/ State and Zip Code	)	
E	-mail address; (to be used	for future annual report r	otification)	
For further information conc	erning this matter, please c	all:		
James D. Can	un	ai 3	86 - 965 - 896 / ea Code) (Daytime Telephone Number)	
	(Name of Contact Person)	(Ar	ea Code) (Daytime Telephone Number)	
Enclosed is a check for the f	ollowing amount made pay	rable to the Florida Depa	rtment of State:	
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Mailing A	ddress	Street .	Address	
Amendme	nt Section	Amend	ment Section	
	f Corporations	Division of Corporations		
	P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle			
10110111555	Togget to all markets of	CIT/ E La.	INVESTIGATION OF THE PROPERTY	

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Encounter Life Churc	h of Go	d. Inc.	
(Name of Corporation as curr	ently filed with the	Florida Dept. of State)	
N17000005857			
(Document Nu	mber of Corporation	n (if known)	
Pursuant to the provisions of section 617,1006, Florida Stat amendment(s) to its Articles of Incorporation:	utes, this <i>Florida N</i>	of For Profit Corporation adopts the foll	lowing
A. If amending name, enter the new name of the corpor	ration:		
umatilla Church of God name must be distinguishable and contain the word "corpo "Company" or "Co." may not be used in the name.	Toc. oration" or "incorpo	The or the abbreviation "Corp." or	ie new Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES)	<u>SS</u> )		<del></del>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			201011111
			AH 9: 1,9
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office		orida, enter the name of the	وبا بو
Name of New Registered Agent:	<del>-</del>		
New Registered Office Address:		(Florida street address)	
		Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am		eccept the obligations of the position.	
	Signature of New i	Registered 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 Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
I) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change	<del></del>	_	
Add			
Remove			<del> </del>
5) Change		_	
Add			
Remove			
<del></del>			
6) Change			
Add			
Remove			

E. <u>If amending or adding additional Art</u> (attach additional sheets, if necessary).	(Be specific)	<u>,</u> .			
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The date of each amendment(s) ad date this document was signed.	option:	, if other than the
Effective date <u>if applicable</u> :	May 3, 2019 (no wore than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Dep	ck does not meet the applicable statutory filing requirements, to partment of State's records.	his date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were ad was/were sufficient for approva	opted by the members and the number of votes cast for the am	iendment(s)
☐ There are no members or memb adopted by the board of directors	rs. The amendment(s). The amendment(s) rs.	was/were
Dated May	3, 2019 J. G.	
Signature	19-7	
(By the châir have not bee	man or vice chairman of the board, president or other officer-in selected, by an incorporator — if in the hands of a receiver, toppointed fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	Plesident/Pastol (Title of person signing)	
	(Title of person signing)	