## N170000008828

(Requestor's Name)	
(Address)	000345416
(Address)	000010110
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	06/10/2001020
Certified Copies V Certificates of Status	
Special Instructions to Filing Officer:	
	00000
<u> </u>	$\wedge$ $1 \setminus 1$ .

Ą.

Office Use Only



3070

-014 \*\*52.50

Antindplane

AUG 1 1 2020 IALBRITTON

## **COVER LETTER**

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: Impact	Transmission Center Inc
DOCUMENT NUMBER: <u>1/1700000</u> 88	728
The enclosed Articles of Amendment and fee are submitted	d for filing.
Please return all correspondence concerning this matter to	the following:
Kindrick J McMiller	
(Nar	ne of Contact Person)
Impact Transm	ission Center Inc.
	(Firm/ Company)
1.0 Box 2/076	
	(Address)
Tallahassee FL	32316
(City	/ State and Zip Code)
Kerdrick mini) le Cogra	il.com
E-mail address: (to be used for f	uture annual report notification)
For further information concerning this matter, please call:	
Kendrick McMiller (Name of Contact Person)	at 850-443-1550
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable	
(A	3.75 Filing Fee & Ex\$52.50 Filing Fee critified Copy dditional copy is closed) Certified Copy (Additional Copy is Enclosed)
Mailing Address	Street Address
Amendment Section Division of Corporations	Amendment Section
P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassec, FL 32303





June 26, 2020

KENDRICK J. MCMILLER P.O. BOX 21076 TALLAHASSEE, FL 32316

SUBJECT: IMPACT TRANSMISSION CENTER INC.

Ref. Number: N17000008828

We have received your document for IMPACT TRANSMISSION CENTER INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the street address of each officer/director.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 020A00012662

Irene Albritton Regulatory Specialist II

www.sunbiz.org



## FLORIDA DEPARTMENT OF STATE.

June 26, 2020

KENDRICK J. MCMILLER P.O. BOX 21076 TALLAHASSEE, FL 32316

SUBJECT: IMPACT TRANSMISSION CENTER INC.

Ref. Number: N17000008828

We have received your document for IMPACT TRANSMISSION CENTER INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the street address of each officer/director.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 020A00012662

## Articles of Amendment to

Articles of Incorporation of

Articles of Incorporation	
I mpact Transmission Center Inc.	
<u> </u>	
(Name of Corporation as currently filed with the Florida Dept. of State)	
N1700000 88Z8	_
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 617,1006. Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the follow amendment(s) to its Articles of Incorporation:	ing
A. If amending name, enter the new name of the corporation:	
Faith Dominion City of Praise Inc.  The manner must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc.	21C
	10
"Company" or "Co." may not be used in the name.  B. Enter new principal office address, if applicable: 1/35 Suite B West Orange	11
H	_Hue
(Principal office address MUST BE A STREET ADDRESS) Talkhusbee FL	_
.32310	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)    Continue of the property of the pro	
Tallahassee FL	
32316	
5.0010	_
D. If amending the registered agent and/or registered office address in Florida, enter the name of the	
new registered agent and/or the new registered office address:	
Name of New Registered Agent: Kendrick McMiller	
1135 Suite B West Orange Are	
(Florida street address) / New Registered Office Address:	
Tallahassee Florida 32310	
(City) (Zip Code)	<del>-</del>
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	
///// man 19	
/ John Hiller	_
Signature of New Registered Agent, if changing	
7020 ::	
=	·-·
	,
To a	

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>V</u> <u>Mike</u>	Doe c Jones c Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	CED	Kenlrick J Mymiller	26/6 Mission Rd. Tallabassee 122 32304
Remove 2) Change Add	I	Shantel Jacksun	Apt. 84 2502 HoHen St. Apt. 1116 Talkhassee FZ 32310
Remove Change Add Remove	T	Sonja Moure	810 Wadsworth St Apt 30 Tallahassee FL 32304
4) Change Add	<del></del>		
Remove  5/ Change Add Remove			
6) Change Add			
(uttach additional sh	eets, if necessary)		
Kena	nok In	remiller was Presiden we Shantel Jackson moore As treasur	t Change to CEO
Add	Sunga	move As treasur	er II Casurer

		- 181	<del>-</del> · · · · · · · · · · · · · · · · · · ·		
				·	
-			· ·	<del></del>	
		<del></del>			
		<u>.</u>		<del></del>	
	-	· · · · · · · · · · · · · · · · · · ·			
	· · · · · · · · · · · · · · · · · · ·			1-1	
		<u> </u>			
	·				
	·			<del></del>	
			<u> </u>		
	······································			<del></del>	
The date of each amendment(s) adopted date this document was signed.	on:	<del></del> .		if other than the	
Effective date if applicable:					
in approximate.	(no more than 90 days a	ifter amendment file da	le)		
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.					
Adoption of Amendment(s)	(CHECK ONE)	,			
☐ The amendment(s) was/were adopte	d barreton manual and a state	· · · · · · · · · · · · · ·			
The amendment(s) was/were adopte was/were sufficient for approval.	u by the members and the	number of votes east f	or the amendment(s)		

.

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated

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)

(Typed or printed name of person signing)