

NIS000001111

(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

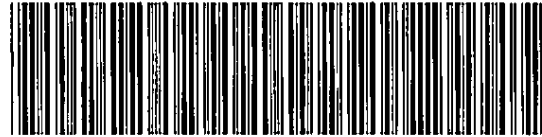
(Document Number)

Certified Copies _____ Certificates of Status _____

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12/05/18--01001--001 **87.50

FILED

2018 DEC 26 AM 7:29

SECRETARY OF STATE
TALLAHASSEE, FL

Amc

R. WHITE
JAN 03 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 10, 2018

MICHAEL BRAUNER
102 BEDFORD AVE
HALLANDALE, FL 33009

SUBJECT: KINGDOM EMBASSY MINISTRIES INC.
Ref. Number: N18000001414

We have received your document for KINGDOM EMBASSY MINISTRIES INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging.

Please print the document on a white computer paper as purple is hard to read when scanned in. Also, pages 3 & 4 are missing from the document. Please find enclosed, the missing pages.

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.

Rebekah White
Regulatory Specialist II

Letter Number: 318A00025309

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Kingdom Embassy Ministries, Inc.

DOCUMENT NUMBER: N18000001414

The enclosed **Articles of Amendment** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael Brauner

(Name of Contact Person)

KEM, Inc.

(Firm/Company)

102 Bodford Ave.

(Address)

Hallandale, FL 33009

(City/State and Zip Code)

edkesola@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Brauner

(Name of Contact Person)

at

954 245 6868

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy is
Enclosed) |
|--|--|---|--|

Mailing Address

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

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

*Already
submitted*

Articles of Amendment
to
Articles of Incorporation
of

Kingdom Embassy Ministries Inc. **FILED**
(Name of Corporation as currently filed with the Florida Dept. of State)

2018 DEC 26 AM 7:29

(Document Number of Corporation (if known))

SECRETARY OF STATE
TALLAHASSEE, FL

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 corporation:

N/A

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:
(Principal office address **MUST BE A STREET ADDRESS**)

C. Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

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:

New Registered Office Address

(Florida street address)

(City)

Florida
(Zip Code)

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.

Signature of New 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:

<u>X</u> Change	<u>PT</u>	<u>John Doe</u>
<u>X</u> Remove	<u>V</u>	<u>Mike Jones</u>
<u>X</u> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action
(Check One)

Title

Name

Address

- | | | | |
|-----------------------|-------------|----------------------------|---|
| 1) <u>X</u> Change | <u>VP</u> | <u>Peter Doganis</u> | <u>757 SE 17th Street, # 323</u> |
| <u> </u> Add | | | <u>Fort Lauderdale, FL</u> |
| <u>X</u> Remove | | | <u>33316</u> |
| 2) <u>X</u> Change | <u>D</u> | <u>Dennis J. Gleissner</u> | <u>715 Gardens Dr. # 202</u> |
| <u>X</u> Add | | | <u>Pompano Beach, FL</u> |
| <u> </u> Remove | | | <u>33069</u> |
| 3) <u> </u> Change | <u> </u> | <u> </u> | <u> </u> |
| <u> </u> Add | | | <u> </u> |
| <u> </u> Remove | | | <u> </u> |
| 4) <u> </u> Change | <u> </u> | <u> </u> | <u> </u> |
| <u> </u> Add | | | <u> </u> |
| <u> </u> Remove | | | <u> </u> |
| 5) <u> </u> Change | <u> </u> | <u> </u> | <u> </u> |
| <u> </u> Add | | | <u> </u> |
| <u> </u> Remove | | | <u> </u> |
| 6) <u> </u> Change | <u> </u> | <u> </u> | <u> </u> |
| <u> </u> Add | | | <u> </u> |
| <u> </u> Remove | | | <u> </u> |

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

N/A

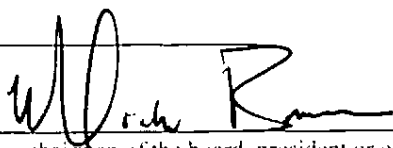
The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: 12/15/18
(no more than 90 days after amendment file date)

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 adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- ☐ 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 12/15/18
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)

Michael Brauner
(Typed or printed name of person signing)

Registered Agent
(Title of person signing)