N18000002161

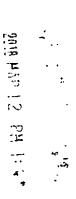
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
· · ·
(Document Number)
,
Certified Copies Certificates of Status
Germinal Supres
Special Instructions to Filing Officer:

Office Use Only



200310037572

03/12/18-+01027-+022 **52.50



17.3.1 , 17.3

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Kingdom Restoration Ministries Inc	
DOCUMENT NUMBER: <u>N/8 0 0000 2161</u>	2018 8166
The enclosed Articles of Amendment and fee are submitted for filing.	55
Please return all correspondence concerning this matter to the following:	2 Ph
Valerie Mitchell (Name of Contact Person)	 -
(Name of Contact Person)	
	
(Firm/ Company)	
931 Village Blvd., Ste #905-354 (Address)	
West Palm Beach, FL 33409 (City/State and Zip Code)	
Vmitch 5 Dyahvo. Com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Valerie Mitchell at 561-876-78- (Name of Contact Person) (Area Code) (Daytime Telephone N	70_
(Name of Contact Person) (Area Code) (Daytime Telephone N	lumber)
Enclosed is a check for the following amount made payable to the Florida Department of State:	
S35 Filing Fee S43.75 Filing Fee SCertificate of Status Certified Copy (Additional copy is enclosed) S52.50 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

Articles of Amendment to Articles of Incorporation

 \mathbf{of}

Kingdom Restoration	Currently filed with the Florida Dept. of State)
N/800000 à	
Pursuant to the provisions of section 617,1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the co Kingdom Restoration	rporation: Ministries International, Fine new corporation" or "incorporated" or the abbreviation "Corp." or "Inc."
name mustbe distinguishable and contain the word "c "Company" or "Co." may not be used in the name.	corporation" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	x
D. If amending the registered agent and/or register new registered agent and/or the new registered	red office address in Florida, enter the name of the office address:
Name of New Registered Agent:	<u> </u>
<u>New Registered Office Address:</u>	(Florida street address) N/A , Florida
	(City) Florida (City)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	istered Agent: I am familiar with and accept the obligations of the position.
	$\Lambda I/A$
	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, a	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	PT John D V Mike Jo SV Sally S	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	NA		N/A
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Remove			
4) Change			
Add			
Remove			
5) Change			_
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)				
N/A				_
			-	
				- <u></u>
·				_

The date of each amendment(s) adoption date this document was signed.	:	, if other than the
Effective date if applicable:	(no more than 90 days after amendment file d	late,
Note: If the date inserted in this block does document's effective date on the Department	s not meet the applicable statutory filing requint of State's records.	rements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE	
The amendment(s) was/were adopted was/were sufficient for approval.	by the members and the number of votes cast	for the amendment(s)
There are no members or members ent adopted by the board of directors.	titled to vote on the amendment(s). The amen	idment(s) was/were
have not been selec	vice chairman of the board, president or othe cted, by an incorporator – if in the hands of a sted fiduciary by that fiduciary)	
	President Director (Title of person signing)	ning)
	(fitle of person signing)	