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(Re	equestor's Name)	
(Ac	ldress)	
(Ac	Idress)	
(Ci	ty/State/Zip/Phone #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	_ Certificates of	Status
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COVER LETTER

TO: Amendment Section Division of Corporations

GLOBAL DOMINION FELLOWSHIP INC NAME OF CORPORATION:	
N18000005190 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Parried Parris	
(Name of Contact Person)	
GLOBAL DOMINION FELLOWSHIP INC	
(Firm/ Company)	
5105 N US HIGHWAY 441	
(Address)	
OCALA, FL 34475	
(City/ State and Zip Code)	
PastorJarred@tgz.life	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Jarred Parris 352-566-7586 at	
(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 \$\Bigcup \\$43.75 Filing Fee & \Bigcup \\$43.75 Filing Fee & \Certificate of Status	

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

GLOBAL DOMINION FELLOWSHIP INC

(Name of Corporation as o	urrently filed with the Florida	Dept. of State)
N18000005190		•
(Document	Number of Corporation (if know	vn) 2819 HAY 20 P 12: B9
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this <i>Florida Not For F</i>	Profit Gorporation adopts the following ではこれいないてもしょうという
A. If amending name, enter the new name of the cor	poration:	
		The new
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	orporation" or "incorporated" (or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	0	
		
		
D. If amending the registered agent and/or registere	ed office address in Florida, en	ter the name of the
new registered agent and/or the new registered o	ffice address:	
Name of New Registered Agent:		
	(Florid	la street address)
New Registered Office Address:		
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regis	stered Agent:	
I hereby accept the appointment as registered agent. I		e obligations of the position.
	Signature of New Registere	ed 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	PT John D V Mike J SV Sally S	<u>ones</u>	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change Add Remove			
2) Change Add			
Remove 3) Change Add			
Remove 4) Change Add	<u></u>		
Remove 5) Change Add			
Remove 6) Change			
Add Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) Said organization is organized exclusively for charitable, religious, educations.

Said organization is organized exclusively for charitable, religious, educational, and scientific purposes, including,
for such purposes, the making of distributions to organizations that qualify as exempt organizations described under Section
501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code.
Upon the dissolution of the organization, assets shall be distributed for one or more exempt purposes within the meaning of
Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall be
distributed to the federal government, or to a state or local government, for a public purpose.
Any such assets not disposed of shall be disposed of by a court of competent jurisdiction in the county in which the
principal office of the organization is then located, exclusively for such purposes or to such organization or
organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

. ' Th	5/12/2019 ate of each amendment(s) adoption:	ner than the
	nis document was signed.	ici man me
Eff	ive date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)	
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed nent's effective date on the Department of State's records.	as the
Ad	tion of Amendment(s) (<u>CHECK ONE</u>)	
	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 5/12/2019	
	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)	
	Jarred Parris	
	(Typed or printed name of person signing)	
	Secretary	
	(Title of person signing)	