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## COVER LETTER

TO: Amendment Section
Division of Corporations

| FAITH AND FAV  | OR MEDIA PRODUCTI          | ION CHRIS          | TIAN CENTER, INC.                                 |        |
|--|----------------------------|--------------------|---|--------|
| N20000003054  DOCUMENT NUMBER:                                 |                            |                    |   |        |
| The enclosed Articles of Amendment and fee are su              | abmitted for filing.       |                    |   |        |
| Please return all correspondence concerning this ma            | itter to the following:    |                    |   |        |
| ALISON MOORE SMITH   |                            |                    |   |        |
|  | (Name of Contact Pers      | on)                |   |        |
| FAITH AND FAVOR MEDIA PRODUCTION CH                            | IRISTIAN CENTER, INC       | G.                 |   |        |
|  | (Firm/ Company)            |                    |   |        |
| 3001 NORTHLAND RD. APT# 3                                      |                            |                    |   |        |
|  | (Address)                  |                    |   | •      |
| MOUNT DORA, FLORIDA 32757                                      |                            |                    |   |        |
|  | (City/ State and Zip Co    | ode)               |   |        |
| moreimagezproductions@gmail.com                                |                            |                    |   |        |
| E-mail address: (to be us                                      | ed for future annual repor | t notification     | 1)  |        |
| For further information concerning this matter, plea           | se call:                   |                    |   |        |
| ALISON MOORE SMITH   | 4<br>at                    | 07                 | 334-6964  |        |
| (Name of Contact Person  |                            | Area Code)         | (Daytime Telephone Nu                             | ımber) |
| Enclosed is a check for the following amount made              | payable to the Florida De  | partment of        | State:  |        |
| ☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status |                            | Certifi<br>Certifi | Filing Fee cate of Status ed Copy ional Copy sed) |        |

Mailing Address

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

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## Articles of Amendment Articles of Incorporation of

| FAITH AND FAVOR MEDIA PRODUCTION CHRIS   | STIAN CENTER, INC.           | 9 111 91 PM 6: F                           |
|--|------------------------------|--|
| (Name of Corporation as currently filed with the Flo   | rida Dept. of State)         |  |
| N20000003054   |                              |  |
| (Document )  | Number of Corporation (if )  | (nown)                                     |
| Pursuant to the provisions of section 617.1006, Florida Samendment(s) to its Articles of Incorporation:      | Statutes, this Florida Not F | or Profit Corporation adopts the following |
| A. If amending name, enter the new name of the cor   | poration:                    |  |
| FAITH AND FAVOR CHRISTIAN CENTER, INC.   |                              | The new                                    |
| name must be distinguishable and contain the word "con<br>"Company" or "Co." may not be used in the name.    | rporation" or "incorporate   |  |
| B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDR</u> | (ESS)                        |  |
| C. Enter new mailing address, if applicable:<br>(Mailing address <u>MAY BE A POST OFFICE BOX</u>             | P.O.BOX<br>MT. DOR           | (600<br>4,FL 32756                         |
| D. If amending the registered agent and/or registered new registered agent and/or the new registered of      |                              | , enter the name of the                    |
| Name of New Registered Agent:  |                              |  |
| New Registered Office Address:   | (F                           | lorida street address)                     |
|  |                              | , Florida                                  |
| _  | (City)                       | (Zip Code)                                 |
| New Registered Agent's Signature, if changing Regist hereby accept the appointment as registered agent. It   |                              | t the obligations of the position.         |
|  | Signature of New Regis.      | tered 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><br><u>V</u><br><u>SV</u> | John Doe<br>Mike Jones<br>Sally Smith                      |                 |
|--|------------------------------------|--|-----------------|
| Type of Action (Check One)                         | <u>Title</u>                       | Name   | <u>Addres</u> s |
| 1) Change Add                                      |                                    |  |                 |
| Remove   |                                    |  | <del></del>     |
| 2) Change Add                                      | <del></del>                        | <del></del>  |                 |
| Remove 3) Change Add Remove                        |                                    |  |                 |
| 4) Change Add                                      |                                    | <del> </del>   |                 |
| Remove   |                                    |  |                 |
| 5) Change Add                                      | <del></del>                        |  |                 |
| Remove   |                                    |  |                 |
| 6) Change Add                                      |                                    |  |                 |
| Remove   |                                    |  |                 |
| E. If amending or addin<br>(attach additional shee | g addition<br>ts, if nece          | onal Articles, enter change(s) here: ssary). (Be specific) |                 |
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| The date of each amendment date this document was signed |  | if other than the |
|  | AUGUST 21, 2020  |                   |
| Effective date <u>if applicable</u> :                    | (no more than 90 days after amendment file date)   | <u>.</u> .        |
|  | is block does not meet the applicable statutory filing requirements, this date will not be no Department of State's records. | listed as the     |
| Adoption of Amendment(s)                                 | (CHECK ONE)  |                   |
| The amendment(s) was/w<br>was/were sufficient for ap     | ere adopted by the members and the number of votes cast for the amendment(s) proval.   |                   |

| There are no mem adopted by the bo | bers or members entitled to vote on the amendment(s). The amendment(s) was/were ard of directors.  |  |  |
|------------------------------------|--|--|--|
| Dated                              | AUGUST 21, 2020 Dated  |  |  |
| Signature                          | Alixin More Suth   |  |  |
|                                    | (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) |  |  |
|                                    | ALISON MOORE SMITH   |  |  |
|                                    | (Typed or printed name of person signing)  |  |  |
|                                    | PRESIDENT  |  |  |
|                                    | (Title of person signing)  |  |  |