## N20000005244

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATI	The Life Shift Churd	ch, Inc.		
	N20000005244			
DOCUMENT NUMBER:	<u> </u>			
The enclosed Articles of Art	mendment and fee are sub	mitted for filing.		
Please return all correspond	dence concerning this matt	er to the following:		
Darren Gayle				
		(Name of Contact Pe	erson)	
The Life Shift Church, Inc.				
		(Firm/ Company	.)	· · · · · · · · · · · · · · · · · · ·
4311 SW Darwin Blvd.				
		(Address)		
Port St. Lucie, FL 34953				
		(City/ State and Zip (	Code)	
pdgayle72@gmail.com				
<del></del> :	E-mail address; (to be used	for future annual rep	ort notification	n)
For further information con	cerning this matter, please	call:		
Roxanne Bryan		at	305	354-0168
	(Name of Contact Person		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the	following amount made pa	ayable to the Florida [	Department of	State:
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	Filing Fee icate of Status ied Copy tional Copy is 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 to Articles of Incorporation of

The Life Shift Church, Inc.		
(Name of Corporation as currently filed with the Florida	Dept. of State)	
N20000005244		
(Document Numb	er of Corporation (if kn	own)
Pursuant to the provisions of section 617.1006, Florida Statut amendment(s) to its Articles of Incorporation:	es, this <i>Florida Not Fo</i>	Profit Corporation adopts the following
A. If amending name, enter the new name of the corporat	tion:	
	NA	The new
name must be distinguishable and contain the word "corpora "Company" or "Co." may not be used in the name.	tion" or "incorporated	or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	NA	r~-)
(Principal office address MUST BE A STREET ADDRESS	) 73 /11	2
		720 A VIG
C. Estampeu malling adduses if applicable.	4. 1	PH
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	W/A	Ĭ.
	. , , ,	
	-	
D. If amending the registered agent and/or registered offi	ce address in Florida,	enter the name of the
new registered agent and/or the new registered office a		
Name of New Registered Agent:	NA	
<del></del>	(Flo	rıda street address)
New Registered Office Address:		
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa		he obligations of the position.
<u></u>	ignature of New Registe	red Avent. 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 <math>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 Do V Mike Jo SV Sally Sn	nes	
Type of Action (Check One)	Title	Nanic	<u>Addres</u> s
Change Add	<u>CFO</u>	Robert Stewart	4311 SW Darwin Blvd Port St. Lucie, Fl 34953
2) Change Add	DIR	John Gayle	4311 SW Darwin Blvd Port St. Lucie, Fl 34953
Remove 3) Remove × Add Remove	<u>SEC</u>	Leroy Burney	4311 SW Darwin Blvd Port St. Lucie, Fl 34953
4) Change x Add	DIR	Hubert Johnson	4311 SW Darwin Blvd Port St. Lucie, Fl 34953
Remove  5) Change Add			
Remove  6) Change Add			
E. If amending or addin (attach additional sheet	g additional Artic ts, if necessary).	cles, enter change(s) here: (Be specific)	

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The date of each amendmen date this document was signed	(s) adoption:		<del></del>		, if other than the
Effective date if applicable:	8/9/2020				
			amendment file date		
Note: If the date inserted in the document's effective date on the	us block does not me he Department of Sta	et the applicable state's records.	atutory filing require	ments, this date will n	ot be listed as the
Adoption of Amendment(s)	( <u>CHEC</u>	K ONE)			
The amendment(s) was/v was/were sufficient for a		embers and the nur	mber of votes cast fo	or the amendment(s)	

opted by the bo	ard of directors.	,,	
	8/9/2020		
Dated		<del></del>	
Signature	. Hau	e- 491/x	
		chairman of the board, president or other officer-if	directors
		y an incorporator – if in the hands of a receiver, tr	
	other court appointed fide	uciary by that fiduciary)	
	Darren Gayle	1 aux Gail	<u> </u>
		(Typed or printed name of person signing)	
	Described (CCC)	1)2111 0/2 /	
	President/CEO	1. Score 4/9/4	<i>?</i>
		(Title of person signing)	

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were