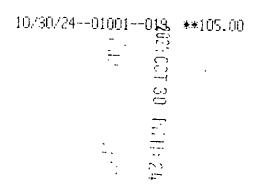
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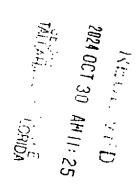
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Office Use Only



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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: The Promised Ch	ild Inc.
DOCUMENT NUMBER: N20000007033	
The enclosed Articles of Amendment and fee are s	ubmitted for filing.
Please return all correspondence concerning this m	·
Karissa D. Williams	
	(Name of Contact Person)
The Promised Child Inc.	
	(Firm/ Company)
252 W. Ardice Ave. #1021	
	(Address)
Eustis, Florida 32726	
	(City/ State and Zip Code)
info@thepromisedchild.org	
E-mail address: (to be u	sed for future annual report notification)
For further information concerning this matter, plea	ase call:
Karissa D. Williams	352 780-1739
(Name of Contact Pers	at
Enclosed is a check for the following amount made	payable to the Florida Department of State:
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Statu	S43.75 Filing Fee & S52.50 Filing Fee  Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is Enclosed)
Mailing Address Amendment Section	Street Address Amendment Section

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

The Promised Child Inc.			
Name of Corporation as currently filed with the	Florida I	Dept. of State)	
N20000007033			•
(Docum	ent Numb	per of Corporation (if known)	ZONCOT 30 FAIL: 2
Pursuant to the provisions of section 617.1006. Flor amendment(s) to its Articles of Incorporation:	ida Statute	es. this <i>Florida Not For Profit Co</i>	rporation adopts the following
A. If amending name, enter the new name of the	corporat	ion:	
N/A			The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name	"corpora	tion" or "incorporated" or the ab	obreviation "Corp." or "Inc."
B. <u>Enter new principal office address, if applical</u> Principal office address <u>MUST BE A STREET A</u>		N/A )	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE I</u>	<u>30X</u> )	N/A	
<ol> <li>If amending the registered agent and/or registered agent and/or the new registered.</li> </ol>			name of the
Name of New Registered Agent:	N/A	waress.	<del></del>
New Registered Office Address:		(Florida street a	ddress
The state of the s	N/A		
		(City)	Florida (Zin 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.

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 Y Mike J SV Sally S	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	<u>T</u>	WANDA MACK	252 W. ARDICE AVE. #1021 EUSTIS. FLORIDA 32726
× Remove			
2) X Change Add	<u>T</u>	CHERYON JOSEPHUS JOLO JR.	S.K.D. BOULEVARD, OLDEST Congo LIBERIA, MONROVIA LR
Remove	<u>s</u>	ZACHARIAH SWEN	S.K.D. BOULEVARD, OLDEST CONGO LIBERIA, MONROVIA LR
4) Change X Add	D	FAITHFUL ZUBAH	S.K.D. BOULEVARD, OLDEST Congo LIBERIA, MONROVIA LR
Remove			
5) Change Add	<del></del>		
Remove			
6) Change Add			
Remove			
E. If amending or addi (attach additional she		ticles, enter change(s) here: (Be specific)	
N/A			
<u> </u>			

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10/18/24	
The date of each amendment(s) adoption: 10/18/24 date this document was signed.	, if other than the
Effective date if applicable: 10/18/24	
(no more than 90 days after amendment file date)	

<u>Note:</u> 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.

(CHECK ONE)

Adoption of Amendment(s)

Dated	10/18/24
Signati	ire Kanasa aull
	(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)
	KARISSA D. WILLIAMS
	(Typed or printed name of person signing)