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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:	Pioneer Institute INC
N200000010030 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fe	e are submitted for filing.
Please return all correspondence concerning	this matter to the following:
LaQuetta Holyfield Glaze	
	(Name of Contact Person)
Kingdom Pioneer Institute, INC	
	(Firm/ Company)
4600 Mobile Hwy, PMB 194	
	(Address)
Pensacola, FL 32506	
	(City/ State and Zip Code)
kingdompioneerinstitute@gmail.com	
E-mail address: (	to be used for future annual report notification)
For further information concerning this matt	er, please call:
LaQuetta Holyfield Glaze	8504662444 at
(Name of Conta	
Enclosed is a check for the following amoun	t made payable to the Florida Department of State:
☐ \$35 Filing Fee ■\$43.75 Filing Certificate o	G Fee & S43.75 Filing Fee & S52.50 Filing Fee  f Status Certified Copy (Additional copy is enclosed)  S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address Amendment Section	Street Address Amendment Section

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 to Articles of Incorporation of

Kingdom Pioneer Institute (Name of Corporation as currently filed with the Florida Dept. of State) N20000010030 (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following. amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: N/A name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: (Florida street address) New Registered Office Address: \_\_\_\_\_, Florida \_ (City) 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.

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, 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: XChange X Remove X Add	PT         John I           V         Mike .           SV         Sally 5	Jones .	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
l) Change Add	VP	Sabrina L. Price	4600 Mobile Hwy PMB 194
x Remove			Pensacola, FL 32526
2) Change Add			
Remove 3) Remove Add Remove			
4) Change Add			
Remove  5) Change Add			
Remove 6) Change Add			
E. If amending or adding (attach additional sheet)	g additional Art	ticles, enter change(s) here: (Be specific)	
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The date of each amendment(s) ado late this document was signed.	pption:			, if other	than the
_					
Effective date <u>if applicable</u> :	(no more than 90	days after amendi	nent file date)		
Note: If the date inserted in this block document's effective date on the Department.	k does not meet the ap	plicable statutory		his date will not be listed a	is the
Adoption of Amendment(s)	(CHECK ONE	<b>)</b>			

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

j	There are no members or members emitted to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
	Dated 5 June 2024
	(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)
	LaQuetta Holyfield Glaze
	(Typed or printed name of person signing)
	President

(Title of person signing)