## N23000011157

(Requestor's Name)	•			
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PICK-UP WAIT	MAIL			
(Business Entity Name)				
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(Document Number)				
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## COVER LETTER

Division of Corporations
ME OF CORPORATION: Kingdom Encounter Church of International Fellowship III N2-300010757
CLIMENT NUMBER: N2-300010757
enclosed Articles of Amendment and fee are submitted for filing.
ise return all correspondence concerning this matter to the following:
Schwanda Cunningham (Name of Cobact Person)
Kingdom Encounter Church of International Fellow Ship
1140 Capital Cir S.E. Unit 142 inc.
Tallahassee Fla 32301 (City/ State and Zip Code)
Kingdomencounterchurchaposte agmail. Con
(Name of Contact Person)
losed is a check for the following amount made payable to the Florida Department of State:
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee Certificate of Status  (Additional copy is enclosed)  ☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee Certificate of Status  (Additional Copy is Enclosed)

3: Amendment Section

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
Kingdom Encounter church 2023-SEP/Aternational
me of Corporation as currently filled with the Florida Dept. of State)
N23000010757
(Document Number of Corporation (if known)
mant to the provisions of section 617-1006. Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following adment(s) to its Articles of Incorporation:
famending name, enter the new name of the corporation:
The new
e must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." mpany" o <mark>r "Co." may not be used in the name</mark> .
Enter new principal office address, if applicable: acipal office address <u>MUST BE A STREET ADDRESS</u> )
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BON)
th amending the registered agent and/or registered office address in Florida, enter the name of the new registered office address:
Name of New Registered Agent:
(Florida street address)
New Registered Office Address:
, Florida
(Cuy) (Zip Code)
Registered Agent's Signature, if changing Registered Agent:
ceby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, . ! address of each Officer and/or Director being added:

in h additional sheets, if necessary)

ase note the officer/director title by the first letter of the office title:

President; V=Vice President; T=Treasurer, S=Secretary; D=Director; TR=Trustee; C=Chairman or Clerk; CEO=Chief with a Officer; CFO=Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office A. President, Treasurer, Director would be A.

s, ages should be noted in the following manner. Currentiv John Doe is listed as the PST and Mike Jones is listed as the V. There is ange, Mike Jones leaves the corporation. Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, see Jones, V as Remove, and Sally Smith, SV as an Add.

imple: Change Remove Add	PT         John D           V         Mike J           SV         Sally S	ones	
pc <u>of Action</u> week One)	<u>Title</u>	Name	<u>Addres</u> s
Change	President	Schwanda Cunning	fam 4495 Shelfer Rd Apt 40 ——Talla ,Fla
Remove Change Add	VP	Laleish Hardage	2039 Pateville R& Cor Ga
Remove - Change Add Remove		· · · · · · · · · · · · · · · · · · ·	31845
Change Add	<del></del>		
Remove			
Change Add			
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If amending or add wach additional sh		ticles, enter change(s) here: (Be specific)	
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e date of each amendment(s) ad e this document was signed.	loption:	, if other than the
ective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
ete: If the date inserted in this blo ament's effective date on the De	ck does not meet the applicable statutory filing requirements, this dat partment of State's records.	e will not be listed as the
. option of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ac	lopted by the members and the number of votes cast for the amendme	ent(s)
was were sufficient for approve	ıl.	

Dated

Signature

(By the chairman of 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)

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

Schwanda Cunningham

(Typed or printed name of person signing)

(Title of person signing)