N95000005705

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COVER LETTER

TO: Amendment Section Division of Corporations

Taliahassee, FL 32314

EL SHADDAI NAME OF CORPORATION:	FULL GOSPEL CHUR	CH INDOOR OF	JTDOOR MINE	STRY, IN	IC.	
DOCUMENT NUMBER:						
The enclosed Articles of Amendment and fee are	e submitted for filing.					
Please return all correspondence concerning this	matter to the following:					
DR. RHONDA EDWARDS						
	(Name of Contact	Person)				
EL SHADDAI FULL GOSPEL CHURCH INDO	OOR OUTDOOR MINI	STRY, INC.				
	(Firm/ Compa	my)	-			
1744 EAST GARY ROAD				60 	2021	
	(Address)	_	<u>-</u> -	- 20	三去	77
LAKELAND, FL 33801					25	
	(City/ State and Zi	p Code)		150	PM L:	
elshaddaifgc@yahoo.com				317	_ <u>-:</u> _	
E-mail address: (to bo	e used for future annual	report notification	n)	Li.	7	
For further information concerning this matter, p	dease call:					
DR. RHONDA EDWARDS		863 at	570-596 7			
(Name of Contact Pe		(Area Code)	(Daytime Tele	phone Nu	ımber)	
Enclosed is a check for the following amount ma	ade payable to the Florid	a Department of	State:			
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee Certificate of Sta		Certif y is Certif	0 Filing Fee licate of Status lied Copy tional Copy is osed)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	, ,	Street Address Amendment Sect Division of Corpo The Centre of T	orations			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

EL SHADDAI FULL GOSPEL CHURCH INDOOR OUTDOOR MINISTRY, INC.

(Name of Corporation as currently filed with the Florida I	Dept. of State)		
N95000005705			
(Document Numb	er of Corporation (if)	known)	
Pursuant to the provisions of section 617,1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this <i>Florida Not F</i>	or Profit Corporation adopts th	e following
A. If amending name, enter the new name of the corporat	ion:		
EL SHADDAI KINGDOM EMBASSY INC.			The new
name must be distinguishable and contain the word "corporat" "Company" or "Co," may not be used in the name.	tion" or "incorporate	ed" or the abbreviation "Corp."	or "Inc."
B. Enter new principal office address, if applicable:	N/A	<u>()</u>	2021
(Principal office address MUST BE A STREET ADDRESS)	3.1 (************************************	盖
			25
			PR
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	1901	
			17
			_ .
		<u> </u>	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a		a, enter the name of the	
N/A	<u> </u>		
Name of New Registered Agent:		· <u> </u>	
New Registered Office Address:	(1	Florida street address)	
		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered	Agent:		
I hereby accept the appointment as registered agent. I am fai	miliar with and accep	ot the obligations of the position.	
Si	ignature of New Regis	stered 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> <u>V</u> <u>SV</u>	John Doc Mike Jon Sally Sm	<u>ies</u>	
Type of Action (Check One)	Title	· -	<u>Name</u>	Address
1) Change Add			<u>N/A</u>	
Remove			-	
2) Change Add			N/A	
Remove 3) Change Add Remove			<u>N/A</u>	
4) Change Add			<u>N/A</u> .	
Remove			-	
5) Change Add			N/A	
Remove			-	
6) Change Add			<u>N/A</u> .	
Remove			-	
(attach additional shee	ig addition	onal Artic essary).	les, enter change(s) here: (Be specific)	
N/A				
	-	- .		<u></u>

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The date of each amendment date this document was signed	$\frac{O}{a}$ (s) adoption: $\frac{O}{a}$	CTOBER 3, 2023	3			_, if other than the
Effective date if applicable:	MARCH 18, 20	24				
	(no n	nore than 90 days	s after amendmer	nt file date)		
Note: If the date inserted in the document's effective date on t	nis block does not he Department of	t meet the applica f State's records.	ble statutory filit	ng requirements, t	his date will not	be listed as the
Adoption of Amendment(s)	(<u>C1</u>	IECK ONE)				
☐ The amendment(s) was/w was/were sufficient for a	ere adopted by the proval.	he members and t	he number of vo	tes east for the an	nendment(s)	

Dated	MARCH 18, 2024
Signatu	Dr. Khonda Edwards
<i>3.</i> 3	(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)
	DR. RHONDA EDWARDS
	(Typed or printed name of person signing)