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(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phon	e #)
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SECRETARY OF SIME

0/30/15

· COVER LETTER

NAME OF CORPORATION: The Remnant Church International Trust Inc.				
DOCUMENT NUMBER: <u>N9760001800</u>				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Theodis Googins (Name of Contact Person)				
The Remnant Church International Trust Inc. (Firm/Company)				
11530 Walker Rd 3 (Address)				
Thonotosassa, FL 33592 (City/ State and Zip Code)				
TheoGorgins 72 & Communication				
For further information concerning this matter, please call:				
Theodis Googins at (813) 716-3301 (Area Code & Daytime Telephone Number)				
Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) \$35 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)				

Mailing Address

TO: Amendment Section

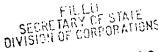
Division of Corporations

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation



Artici	es or incorboration	0,11
	of	15 JAN 28 AM 11:
The Remmont Church I	International Trust	Inc
(Name of Corporation as currently filed with the F	orida Dept. of State)	
NGTONOOISOO		
(Document Number of	Corporation (if known)	
cursuant to the provisions of section 617.1006, Florida Statumendment(s) to its Articles of Incorporation:	tes, this Florida Not For Profit Corporation	n adopts the following
•		
L. If amending name, enter the new name of the corpora	<u>ttion:</u>	
Al Gallon Ministries	Inc.	The new
ame must be distinguishable and contain the word "corpor	ation" or "incorporated" or the abbreviation	on "Corp." or "Inc."
Company" or "Co." may not be used in the name.		
B. Enter new principal office address, if applicable:		
Principal office address <u>MUST BE A STREET ADDRES</u>	()	
		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
(maining address MAT BE A TOST OFFICE BOA)	- · · · · · · · · · · · · · · · · · · ·	
D. If amending the registered agent and/or registered of		<u>the</u>
new registered agent and/or the new registered office	address:	
Name of New Registered Agent:		
	(Florida street address)	
New Registered Office Address:		
	, Florida	
(City		(Zip Code)
New Registered Agent's Signature, if changing Registere hereby accept the appointment as registered agent. I am j		ka nagitian
nereby accept the appointment as registered agent. I am j	итина мин ана ассері іне обидано л я ој н	re 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: X Change X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Do Mike Jo Sally Sr	ones	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		-		
Add				
2) Change		_		
Add Remove				
3) Change		_		
Add				
4) Change		-		
Add				
5) Change				
Add		_		
Remove				
6) Change Add		-		
Remove				

attach additional sheets, if necessary).	(Be specific)	nge(s) here:		
	 			
•				
				
		 		
			 	
				
	<u>.</u>	····	<u> </u>	
		<u> </u>		

		FILE	<u></u>
The date of each amendment(s) ad	option:	SECRETARY	OF STATE
date this document was signed.		01110	AM 11 - 29
Effective date if applicable:		15 JAN 28	Mull. 52
	(no more than 90 days after amendment	nie aaiej	
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were ac was/were sufficient for approva	lopted by the members and the number of votes il.	cast for the amendment(s)	
There are no members or members adopted by the board of director	pers entitled to vote on the amendment(s). The ages.	amendment(s) was/were	
Dated	26-15		
Signature The	d DiTT		
	man or vice chairman of the board, president or en selected, by an incorporator – if in the hands		
	appointed fiduciary by that fiduciary)	or a receiver, trustee, or	
Theo	dis Goggins III (Typed or printed name of person signing)		
D _c	estent.		
	(Title of person signing)		