N9900005365

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SECRETARY OF STATE ALLAHASSEE, FLORIDA

APPROVEL AND FILED



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: The Kings Hou	use Assembly of God,	Inc
DOCUMENT NUM	IBER: <u>N9900005365</u>	,	
The enclosed Article	es of Amendment and fee are sub	mitted for filing.	
Please return all corr	respondence concerning this mat	ter to the following:	
		rol Hicks	
	(Name of	Contact Person)	
	The Kings House	e Assembly of God, Inc	
	(Firm	/ Company)	
	135 S (Chaffee Road	
	(/	Address)	A-Mail:
	Jackson	ville, Fl 32220	
	(City/ Star	te and Zip Code)	
		se@belisouth.net d for future annual report notif	ication)
For further informati	on concerning this matter, please	e call:	
Jim Baggett or C	arol Hicks	at (904-) 695-05	531
(Name	e of Contact Person)	(Area Code & Day	time Telephone Number)
Enclosed is a check:	for the following amount made p	ayable to the Florida Departme	ent of State:
☑\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi P.O.	ling Address Indment Section Ission of Corporations Box 6327 Issaee, FL 32314	Street Address Amendment Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	tions ter Circle

Articles of Amendment to Articles of Incorporation of

The Kings House Assembly of God, Inc (Name of Corporation as currently filed with the Florida Dept. of State)

N9900005365

(Document Number of Corporation (if known)

the following amendment(s) to its Articles of Ir	acorporation:	
A. If amending name, enter the new name o	f the corporation:	
Whitehouse	Assembly of God, Inc	
The new name must be distinguishable and co abbreviation "Corp." or "Inc." <u>"Company" o</u>		ocorporated" or the
B. Enter new principal office address, if app	olicable:	
(Principal office address <u>MUST BE A STREE</u>	ET ADDRESS)	

C. Enter new mailing address, if applicable		
(Mailing address <u>MAY BE A POST OFFI</u>	CE BUX)	
	<u> </u>	
D. If amending the registered agent and/or i	registered office address in Florida, e	nter the name of the
new registered agent and/or the new regi		
Name of New Registered Agent:	Carol Hicks	·
	16076 Sawpit Road	
New Registered Office Address:	(Florida street address)	
	Jacksonville	, Florida 32226
	(City)	(Zip Code)
New Registered Agent's Signature, if changing the second the appointment as registered position.		ept the obligations of the
	Yound Ylicks	
<u></u>	Signature of New Registered Agent, if c	hanging

Page 1 of 3

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action	
Dir	Danny Baggett	1721 Cedar Bay Road	☑ Add	
		Jacksonville, Fl. 32218	□ Remove	
		Jacksonville, FL 522 Ib		
Dir	Herb Phinazee	55300 Deer Run Road		
		Callahan, Fi 32011	Remove	
		Cananari, 1152011		
Dir	Jeul Strickland	5720 Piper Glen Blvd	☑ Add	
		Jacksonville, Fl. 32222	☐ Remove	
E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)				
				
	 			
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	· · · · · · · · · · · · · · · · · · ·			

The date of each amendment(s) adop	ption: November 1, 2009
Effective date <u>if applicable</u> :	(date of adoption is required)
Effective date <u>frapplicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopt was/were sufficient for approval.	ted by the members and the number of votes cast for the amendment(s)
There are no members or members adopted by the board of directors.	s entitled to vote on the amendment(s). The amendment(s) was/were
Signature	120/2009 Dan Saryt
have not be	irman or vice chairman of the board, president or other officer-if directors en selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	(Title of person signing)