P100000848

(Re	questor's Name)	
(Ad	dress)	_
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	_
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

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10 NOV 15 PM 3: 51

SECRETARY OF STATE TALLAHASSEE: FLORIDA

Amund CCS Mame Ch 8

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION:	CHURCH SC	OCIAL LIFE CORF		
DOCUMENT NUM	MBER:		P10000086348		
The enclosed Articl	es of Amendment a	nd fee are submitt	ed for filing.		
Please return all cor	respondence concer	ming this matter to	the following:		
		DUANT OD	AVACORD		
_		Name of Cont			
_		Firm/ Cor	npany		
	10383 WHITE PINTO COURT				
	Address				
	LAKE WORTH/ FLORIDA 33449-5491				
-		City/ State and	l Zip Code		
	dua E-mail address: (anep.crawford@good to be used for future a	gmail.com		
For further informat	ion concerning this	matter, please call	:		
 	ane Crawford	at (_		051266	
Name o	f Contact Person		Area Code & Daytime Tel	ephone Number	
Enclosed is a check	for the following an	nount made payab	le to the Florida Depar	tment of State:	
□ \$35 Filing Fee	\$43.75 Filing Fee Certificate of Stat	us Cer	.75 Filing Fee & tified Copy ditional copy is enclosed)	☑ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Add Amendment Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Amer Divis Clifto 2661	t Address adment Section ion of Corporations on Building Executive Center Circl nassee, FL 32301	e	



November 5, 2010

DUANE CRAWFORD 10383 WHITE PINTO COURT LAKE WORTH, FL 33449-5491

SUBJECT: CHURCH SOCIAL LIFE CORP.

Ref. Number: P10000086348

We have received your document for CHURCH SOCIAL LIFE CORP. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The document must have original signatures.

You failed to sign the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 110A00026130

RECEIVED

10 NOV 15 AM 9: 09
SECRETARY OF STATE.

Articles of Amendment to Articles of Incorporation of

Church Social Life Cor	p.	
(Name of Corporation as currently filed with	the Florida Dep	t. of State)
P10000086348	}	t. of State)
(Document Number of Corpora	tion (if known)	<u> </u>
Pursuant to the provisions of section 607.1006, Florida Statuamendment(s) to its Articles of Incorporation:	ites, this <i>Florida</i>	Profit Corporation adopts the fol
A. If amending name, enter the new name of the corporation	on:	
iConnect Cafe Corpor	ation	The new
name must be distinguishable and contain the word "cor abbreviation "Corp.," "Inc.," or Co.," or the designation "C name must contain the word "chartered," "professional associ	poration," "com Corp," "Inc," or	pany," or "incorporated" or the "Co". A professional corporation
B. Enter new principal office address, if applicable:	10383 White	Pinto Court
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Lake Worth, FL 33449	
	<u>cono vioni,</u>	1200710
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	PO BOX 540	581
	Lake Worth,	FL 33454
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad		ida, enter the name of the
Name of New Registered Agent:		
New Registered Office Address: (Flor	ida street address	
		, Florida
(City)		(Zip Code)
New Registered Agent's Signature, if changing Registered A language land in the Agent's Signature, if changing Registered Agent. I am fam	<mark>sgent:</mark> iliar with and acc	ept the obligations of the position.
Signature of New	Registered Agen	t 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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
		☐ Add☐ Remove	
	ding or adding additional Art additional sheets, if necessary).		
provis	mendment provides for an excions for implementing the amenot applicable, indicate N/A)	hange, reclassification, or cancellandment if not contained in the am	ition of issued shares, endment itself:

The date of each amendment	t(s) adoption: <u>11</u>	/01/2010
Effective date if applicable:		(date of adoption is required)
2	(no more than 9	0 days after amendment file date)
Adoption of Amendment(s)	(<u>CH</u>	ECK ONE)
The amendment(s) was/we by the shareholders was/w	• •	shareholders. The number of votes cast for the amendment(s) approval.
		e sharcholders through voting groups. The following statement group entitled to vote separately on the amendment(s):
"The number of votes	cast for the amen	dment(s) was/were sufficient for approval
by	(voting group)	
action was not required.	•	board of directors without shareholder action and shareholder incorporators without shareholder action and shareholder
action was not required. Dated	/1/10 /10	
sele		porator – if in the hands of a receiver, trustee, or other court by that fiduciary)
		ped or printed name of person signing) (E) (D) (D) (D) (D)
		V V

, j.