P13000089839

(Re	questor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phon	e #)
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COVER LETTER

Division of Corporations				
NAME OF CORPORATION: God's Kingdom Agenda, Inc. DOCUMENT NUMBER: P13000089839				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Darlene L. Success Name of Contact Person God's Kingdom Agenda, Inc. Firm/Colppany 12555 Orange Drive, Suite 4056 Address Davie, Florida 3330 City/ State and Zip Code darlene success @ yahoo. Con E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
- Darleve L. Success Name of Contact Person at (754) 779-0855 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) \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)				

Mailing Address

TO: Amendment Section

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

of

God's Kindom F	thends In			
(Name of Corporation as c	urrently filed with the Flor	rida Dept. of State)		
P13000089839				
	Number of Corporation (if k	known)		
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	06, Florida Statutes, this <i>Flo</i>	orida Profit Corporation a	dopts the following an	nendment(s) to
A. If amending name, enter the new name. Living God's King	e of the corporation: Adom Agenda	, Inc.		The new
name must be distinguishable and contd "Corp.," "Inc.," or Co.," or the designa word "chartered," "professional association	tion "Corp," "Inc," or "C	Co". A professional corpo	porated" or the abb tration name must co	reviation ntain the
B. Enter new principal office address. if (Principal office address MUST BE A STE		N/A		
C. Enter new mailing address, if applica (Mailing address <u>MAY BE A POST O</u> I		NIA	TALLAHAS S	77
D. If amending the registered agent and/ new registered agent and/or the new		ss in Florida. enter the na	me of the T	5
Name of New Registered Agent	NA		_ \$\frac{\pi}{2} \frac{\pi}{2}	
-	(Florida stree	et address)	_	
New Registered Office Address:	(City)	, Floric	la (Zip Code)	
New Registered Agent's Signature, if cha I hereby accept the appointment as register		h and accept the obligation	ns of the position.	
N/A Sign	nature of New Registered Ag	vent, 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	ve, ana sa <u>PT</u>	<u>John Doe</u>	
X Remove	<u>v</u>	Mike Jones	
_ <u>X_</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) _ Change		NA	
_ Add			
Remove			
2) _ Change		NA	
_ Add			
Remove			
3) Change		_N/A	
_ Add			
Remove			
4) Change		N/A	N/A
_ Add			
Remove			
5)Change		N/A	<i>\</i> / <i>A</i>
_ Add			
Remove			
6) Change		NA	<u>u</u> A
_ Add			- Ole
Remove			A A

E. <u>If amendir</u> (Attach <i>add</i>	ng or adding additional Articles, enter change(s) here: ditional sheets, if necessary). (Be specific)
	V/A
•	
·-· ·- ·- ·-	
	
. <u>If an ame</u>	ndment provides for an exchange, reclassification, or cancellation of issued shares, ns for implementing the amendment if not contained in the amendment itself:
(if no	ot applicable, indicate N/A)
NA	
1 / / /	
 	

The date of each amendment(s) adoption: date this document was signed.	, if other than the	
Effective date if applicable: V/A-		
(no more than 90 days after amendment file date)		
Adoption of Amendment(s) (CHECK ONE)		
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.		
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):		
"The number of votes cast for the amendment(s) was/were sufficient for approval		
by ." (voting group)		
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.		
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.		
Dated May 13, 2014 Signature		
Signature (By a director, president or other officer – if directors or officers have not been		
selected, by an incorporator – if in the hands of a receiver, trustee, or other court		
appointed fiduciary by that fiduciary)		
Darleno, L. Success		
(Typed or printed name of person signing)		
Darlene L. Success (Typed or printed name of person signing) President (Title of person signing)		
(Title of person signing)		