N0500000085

,		
(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City.	/State/Zip/Phon	e #)
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(Doc	ument Number)	1
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SECRETARY OF STATE

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Victory Outreach Worship Center of Pentecostal Full Gospel Crusade of Jesus Christ, Inc. DOCUMENT NUMBER: NOSO000085
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of Contact Person)
Victory Dutreach Worship Center of PTGC, Inc.
P.D. BOX 493 (Address)
Crescent City, Florida 32112, (City/State and Zip Code)
tina _ aune _ gillard @ yahm. Com E-mail address: (to be used) for future annual report notification)
For further information concerning this matter, please call:
(Name of Contact Person) at (380) 559-3303 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
□\$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status (Additional copy is enclosed) (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 Clifton Building Tallahassee, FL 32314 Clifton Building

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation of

Victory Dutyered Worshis Commence of Corporation as curren	enter of Particostal Ful	LEOSPEL Crusagle of Jesus Christ
1105000000	195	"
	er of Corporation (if known)	
· ·	•	
Pursuant to the provisions of section 617.1006, Fi the following amendment(s) to its Articles of Inco		Profit Corporation adopts
A. If amending name, enter the new name of t	he corporation:	
The new name must be distinguishable and con abbreviation "Corp." or "Inc." "Company" or	tain the word "corporation" or "inc	ruspole of Jesus Christ, Incorporated" or the
B. Enter new principal office address, if applied	cable:	
(Principal office address MUST BE A STREET		AS O
Olo di O .		
No change		E C
		SS 76
C. Enter new mailing address, if applicable:		m Z GM
(Mailing address <u>MAY BE A POST OFFIC</u>	<u> </u>	
(- A - ()		9: 1 ORI
40 Change		Del 4
O		
D. If amending the registered agent and/or reg	gistered office address in Florida, er	iter the name of the
new registered agent and/or the new registe		inar
Name of New Registered Agent:		_
_		_
New Registered Office Address:	(Florida street address)	
		, Florida
	(City)	(Zip Code)
	,	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered a position.		ept the obligations of the
Sig	mature of New Registered Agent, if ch	anging

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)			
(Attach aa	aitional sneets, if necessary)		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
			☐ Remove
			
			🗖 Remove
			
		_	☐ Add ☐ Remove
			LI Remove
E. If amer	nding or adding additional Articles	enter change(s) here:	ı
(attach	additional sheets, if necessary). (B	e specific)	
		<u></u>	
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The date of each amendmen	at(s) adoption: $9-1/-09$
Effective date <u>if applicable</u> :	(date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/w was/were sufficient for ap	ere adopted by the members and the number of votes cast for the amendment(s) proval.
There are no members or adopted by the board of d	members entitled to vote on the amendment(s). The amendment(s) was/were irectors.
Dated	9-11-09
Signature≥	y the chairman or vice chairman of the board, president or other officer-if directors
ha	ve not been selected, by an incorporator – if in the hands of a receiver, trustee, or her court appointed fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	Saministrator/Business Manager/Registered Agent (Title of person signing)