# N130000000247

(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE

NOV*30* 2016

C LEWIS



# FLORIDA DEPARTMENT OF STATE Division of Corporations

October 11, 2016

SONNY U. UKPONG 8183 FOXDALE DRIVE JACKSONVILLE, FL 32210 US

SUBJECT: THE APOSTOLIC CHURCH INC

Ref. Number: N13000000247

We have received your document for THE APOSTOLIC CHURCH INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 716A00021880

Carolyn Lewis
Regulatory Specialist II

www.sunbiz.org

# **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Somy U. UKang (Name of Contact Person)
. (Thank of Contact Forson)
(Firm/ Company)
8183 Foxdale Dr.
(Address)
Jacksonville, FL 32210
(City/ State and Zip Code)
E-mail address: (to be used for future annual report notification)
•
For further information concerning this matter, please call:
Chearut Writfield (Name of Contact Person)  at 904 - 352-1826 (Area Code) (Daytime Telephone Number)
(Name of Contact Person) (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 & \$43.75 Filing Fee & Certificate of Status Certified Copy (Additional Copy is Enclosed)

Mailing Address
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

FILED SECRETARY OF STATE DIVISION OF CORPORATION:

2016 NOV 28 AM 8: 02

THE APOSTOLIC CHURCH, INC.	
(Name of Corporation as currently	filed with the Florida Dept. of State)
N13000000247	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes, amendment(s) to its Articles of Incorporation:	
A. If amending name, enter the new name of the corporation	<u>:</u>
THE APOSTOLIC CHURCH OF JACKSONVILLE, INC.	The new
name must be distinguishable and contain the word "corporation "Company" or "Co." may not be used in the name.	n" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	AA
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  —	NA
D. If amending the registered agent and/or registered office:	address in Florida, enter the name of the
new registered agent and/or the new registered office add	ress:
Name of New Registered Agent:	- AH
New Registered Office Address:	(Florida street address)
	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Ag	ent:
l hereby accept the appointment as registered agent. I am famil	iar with and accept the obligations of the position.
Sign	ature 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 <math>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.

Exam <u>X</u> C: <u>X</u> R: <u>X</u> A	hange emove	<u>PT</u> <u>V</u> <u>SV</u>	John Do Mike Jo Sally Sn	nes	
Type (Chec	of Action ck One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1)	Change		<del></del>		 
_	Add				
_	Remove				
2) _	Change		_		
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3)_	Change				 •
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	Remove				
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ticles, enter change(s) here: (Be specific)	
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The data of each amendments	a) adaption.			SECRUTARY	JF 2 (MA)
The date of each amendment date this document was signed.	s) adoption;			<del>ากที่รู้ก็ดีพื้ อิทิ ออก</del>	Sport fother than th
Effective date if applicable:				2016 NOV 28	AM 8: 02
	(no more t	han 90 days after a	mendment file date)		
Note: If the date inserted in the document's effective date on the			tory filing requiremen	its, this date will no	ot be listed as the
Adoption of Amendment(s)	(CHECK	ONE)			
The amendment(s) was/we was/were sufficient for app		mbers and the numb	er of votes cast for the	e amendment(s)	
There are no members or adopted by the board of d	nembers entitled to voirectors.	te on the amendmen	nt(s). The amendment	s(s) was/were	
9/15/2 Dated	016				
_Signatyre_	PA	el,			
(By the have no	chairman or vice chair of the need selected, by an ourt appointed fiducian	incorporator - if in	the hands of a receive		_
SO	NNY UKPONG				
_	(T	yped or printed nan	ne of person signing)		
PRE	ESIDENT P-9.	sembly	pastar		
		(Title of n	erson signing)		