| (Re | questor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

| NAMÉ OF CORPORATION: NAPLES | UNITY CHUF | RCH OF GOD, INC |
|--|---|--|
| DOCUMENT NUMBER: N140000 | 04086 | |
| The enclosed Articles of Amendment and fee are s | submitted for filing. | |
| Please return all correspondence concerning this m | natter to the following: | |
| TITUS AKIM | | |
| | (Name of Contact Person | n) |
| NAPLES UNITY CHUF | RCH OF GOD | , INC |
| | (Firm/ Company) | |
| 30-33 AVE NE | | |
| | (Address) | |
| NAPLES FL 34120 | | |
| | (City/ State and Zip Code | 2) |
| F-mail address: (to be a | used for future annual report i | notification) |
| For further information concerning this matter, ple | | |
| • | ase can. | |
| TITUS AKIM | at (|)ode & Daytime Telephone Number) |
| (Name of Contact Person) | (Area Co | ode & Daytime Telephone Number) |
| Enclosed is a check for the following amount mad- | e payable to the Florida Depa | rtment of State: |
| ■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of State | e & \$\subseteq\$\$\\$43.75\$ Filing Fee & cus Certified Copy (Additional copy is enclosed) | □\$52.50 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 | Amend Divisio Clifton | Address ment Section on of Corporations Building xecutive Center Circle |

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



NAPLES UNITY CHURCH OF GOD, INC

| (Name of Corporation as currently | filed with the Florida I | Dept. of State) | |
|---|------------------------------------|--------------------------|---|
| (Docur | nent Number of Corpora | tion (if known) | |
| Pursuant to the provisions of section 617.10 mendment(s) to its Articles of Incorporation | 006, Florida Statutes, this on: | Florida Not For Profit | Corporation adopts the follow |
| A. If amending name, enter the new nam | ne of the corporation: | | |
| name must be distinguishable and contain t "Company" or "Co." may not be used in t | | or "incorporated" or the | The real parties and the abbreviation "Corp." or "Inc |
| 3. Enter new principal office address, if Principal office address <u>MUST BE A STI</u> | | | |
| C. Enter new mailing address, if applica (Mailing address MAY BE A POST OF | | | |
| If amending the registered agent and/ new registered agent and/or the new registered. | | | he name of the |
| Name of New Registered Agent: | <u>-</u> | | |
| New Registered Office Address: | (Florida | u street address) | |
| <u>-</u> | | , F | lorida |
| | (City) | | (Zip Code) |
| New Registered Agent's Signature, if cha hereby accept the appointment as register | | | gations of the position. |
| | Signature of New Regist | ered 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 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 X Remove X Add | | Doe Jones Smith | |
|----------------------------------|--------------|-----------------------|----------------------|
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| 1) Change | S | MARIE INNOCENT | 8625 BORO DR APT 205 |
| X | | | NAPLES FL 34104 |
| Remove | | | |
| 2) Change | | | |
| Add | | | |
| Remove | | | |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| If amending or addinational shee | 15, 1, 11000000001, 37. | (Be apecyre, | , | | | | |
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| | date of each amendmen | | , if other than the | | |
|-----|--|---|---------------------|--|--|
| | this document was signed the cive date if applicable: | 3/5/15 | | | |
| | | (no more than 90 days after amendment file date) | | | |
| Ado | ption of Amendment(s) | (<u>CHECK ONE</u>) | | | |
| Ħ | The amendment(s) was/was/were sufficient for a | were adopted by the members and the number of votes cast for the amendment(s) approval. | | | |
| | There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors. | | | | |
| | Dated 3/5 | 5/15 | | | |
| | Signature | | | | |
| | have | e chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed franciary by that fiduciary) | | | |
| | TITUS | AKIM (##) | | | |
| | | (Typed or printed name of person signing) | | | |
| | PRESI | DENT | | | |
| | | (Title of person signing) | | | |