714633

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SECRETATION OF STATE

2023 JUN -6 PH 4: 42

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	THE PENTECO	STAL OVERO	oming HOLINESS	CHURCH, In	ic.	
DOCUMENT NUMBER:				•		
The enclosed Articles of Amenda	ment and fee are submit	ted for tiling.				
Please return all correspondence	concerning this matter t	o the following:				
	SADIE N	M. WHITE				
	200 F 0	Firm/ Company				
	JUX E. 7	Address FL. 32703 ity/ State and Zip Code	7			
	APOPKA _E	+L. 32703 ity/ State and Zip Code		_		
E-ma	lie us 247 6) 4 m il address: (to be used fo	nails cam or future annual report	notification)			
For further information concerning	ng this matter, please ca	n: °				
Sadie M. LA	thite	at (<u>407</u>) <u>558 - 4649</u> le & Daytime Telephone Nur	10	~3	
Enclosed is a check for the follow				TVLLV TVLLV	2023 JUN	·
	tificate of Status	\$43.75 Filing Fee & Certified Copy Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	ELY OF STATE	-6 PH 4: 42	; i
Mailing Addre Amendment Se Division of Cor P.O. Box 6327 Tallahassee, FL	ction porations	Division The Ce 2415 N	Address nent Section of Corporations ntre of Tallahassee Monroe Street, Suite 810 ssee, FL 32303		2	

Articles of Amendment to Articles of Incorporation of

714633	
(Document Number of Corporation (if known)
ursuant to the provisions of section 607.1006. Florida Statutes, this <i>Florida Profit</i> s Articles of Incorporation:	Corporation adopts the following amendment(s) to
. If amending name, enter the new name of the corporation:	
	The new
me must he distinguishable and contain the word "corporation," "company," or nec.," or Co.," or the designation "Corp," "Inc," or "Co". A professional chartered," "professional association," or the abbreviation "P.A."	'incorporated" or the abbreviation "Corp.,"
Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)	
Tincipal office duaress <u>MOST BE_A STREET ADDRESS</u>)	
<u></u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
(Stating datess SIAT BEATOST OF THE BOX)	
Hamanding the registered agent and/or registered affice address in Florida	enter the name of the
If amending the registered agent and/or registered office address in Florida new registered agent and/or the new registered office address:	, enter the name of the
new registered agent and/or the new registered office address:	enter the name of the
	senter the name of the
new registered agent and/or the new registered office address: Name of New Registered Agent	SECKET
new registered agent and/or the new registered office address:	SECKETAN TAILAH
New Registered Office Address: New Registered Office Address: New Registered Office Address:	SECKETAN TAILAH
Name of New Registered Agent (Florida street address)	SECKETAN TAILAH
Name of New Registered Agent (Florida street address) New Registered Office Address:	SECKETANY TALLAHAS Florida
Name of New Registered Agent (Florida street address) New Registered Office Address: (City)	SECKETAN TAILAH
Name of New Registered Agent (Florida street address) New Registered Office Address: (City) ew Registered Agent's Signature, if changing Registered Agent:	SECKETALL OF STATE TALL ALTO STATE Zip Code; Florida Zip Code;
Name of New Registered Agent (Florida street address) New Registered Office Address: (City) ew Registered Agent's Signature, if changing Registered Agent:	SECKETALL OF STATE TALL ALTO STATE Zip Code; Florida Zip Code;
Name of New Registered Agent (Florida street address) New Registered Office Address: (City) ew Registered Agent's Signature, if changing Registered Agent:	SECKETALL OF STATE TALL ALTO STATE Zip Code; Florida Zip Code;
Name of New Registered Agent (Florida street address) New Registered Office Address: (City) www. Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and acceptations.	Florida (Zip Code) STATE (I the obligations of the position.
Name of New Registered Agent (Florida street address) New Registered Office Address: (City) New Registered Agent's Signature, if changing Registered Agent:	Florida (Zip Code) STATE (I the obligations of the position.
Name of New Registered Agent (Florida street address) New Registered Office Address: (City) New Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and accept	Florida (Zip Code) STATE (I the obligations of the position.

Adrian Beard(Trustee)

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:

tAttach 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	PT John	Doe	
X Remove	<u>V</u> <u>Mike</u>	2 Jones	
X Add	<u>SV</u> <u>Saliy</u>	y Smith	
Type of Action (Check One)	Title	Name	<u>Address</u>
i)Change	P	Mamie Kelly	750 Barn Street
X Add		/	Kissimmee, FL. 34744
Remove		A	
2) Change	<u></u>	Andrick Kelly	750 Barn Street
X Add		•	Kissimmee, FL. 34744
Remove Change		Minnie Scott	4638 Alhama Street
X Add		·	Delanda (7 32011
Remove			3407 Harry Street
4) Change		Shirley Beard	
X Add			FAINTER 4. 1. 327/1977
Remove			OF STATE 12
5) Change		· · · · · · · · · · · · · · · · · · ·	
Add			
Remove			
6) Change			
Add			
Remove			

The date of each amendment(s) adoption:	May 13, 2023	, if other than the
date this document was signed.		
Effective date if applicable:	May 15, 2023	
	MAY 15, 2023 (no mbre than 90 days after amendment file d	ate)
Note: If the date inserted in this block does document's effective date on the Department	not meet the applicable statutory filing requiren of State's records.	nents, this date will not be listed as th
Adoption of Amendment(s) (C	HECK ONE)	
The amendment(s) was/were adopted by the action was not required.	e incorporators, or board of directors without sha	reholder action and shareholder
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	the shareholders. The number of votes east for the rapproval.	amendment(s)
The amendment(s) was/were approved by must be separately provided for each votin	the shareholders through voting groups. The following group entitled to vote separately on the amenda	wing statement ment(s):
"The number of votes cast for the au	nendment(s) was/were sufficient for approval	
by		
(v	oting groups	
Dated 05/13 22	123	
Signature Ladie	m. white	
	esident or other officer – if directors or officers ha	
	corporator – if in the hands of a receiver, trustee,	or other court
appointed fiducia	ry by that fiduciary)	
	(Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	Registered Agent	
	(Title of person signing)	

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