## 704875

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	Q. SILAS	<b>:</b>
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## COVER LETTER,

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**TO:** Amendment Section Division of Corporations

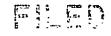
Tallahassee, FL 32314

NAME OF CORPORATION:	BLY OF GOD, INC., OF	PALATKA, I	FLORIDA
704875 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are	submitted for filing.		
Please return all correspondence concerning this	matter to the following:		
CINDY WELLS			
	(Name of Contact Pe	rson)	
FIRST ASSEMBLY OF GOD, INC. OF PALAT	KA, FLORIDA		
	(Firm/ Company	')	<del>-</del>
3111 ST. JOHNS AVENUE			
	(Address)		
PALATKA, FLORIDA 32177			
	(City/ State and Zip (	Code)	
CINDYWELLS.CHURCHOFTHEHEIGHTS@G	GMAIL.COM		
E-mail address: (to be	used for future annual rep	ort notificatio	n)
For further information concerning this matter, pl	ease call:		
CINDY WELLS	at	386	325-0951
(Name of Contact Pe			(Daytime Telephone Number)
Enclosed is a check for the following amount mad	de payable to the Florida [	Department of	State:
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee Certificate of Stat	-	Certif Certif	0 Filing Fee ficate of Status fied Copy tional Copy is osed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Am Div	eet Address lendment Sect vision of Corp c Centre of T	orations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation



2021 OCT 25 AM 9: 54

FIRST ASSEMLBY OF GOD, INC., OF PALATKA, FLORIDA

THE TRACE OF THE	20,1411911	SECREDAY OF STATE
(Name of Corporation as currently filed with the Flori	da Dept. of State)	TAILLE OFFICE
704875		
(Document No	umber of Corporation (	(if known)
Pursuant to the provisions of section 617,1006, Florida Stamendment(s) to its Articles of Incorporation:	atutes, this <i>Florida No</i>	a For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpo	oration:	
		The new
name must be distinguishable and contain the word "corp "Company" or "Co." may not be used in the name.	oration" or "incorpor	ated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	<u></u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi	office address in Flor ce address:	ida, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		(Florida street address)
New Registered Office Address.		
	(City)	, Florida (Zip Code)
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registe		
I hereby accept the appointment as registered agent. I an	t familiar with and acc	rept the obligations of the position.

Signature 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 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	PT         John Do           Y         Mike Jo           SV         Sally Sr	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add	<u>AMBR</u>	HESS, JADE	106 CREMER LANE PALATKA, FL 32177
Remove			
2) Change Add			
Remove 3 ) Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee	g additional Artists, if necessary).	icles, enter change(s) here: (Be specific)	
	<u></u>	2020	
	<u> </u>		
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<u> </u>		
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The date of each amendment(s) date this document was signed.	adoption:, if c	other (
Effective date if applicable:	0/20/2021	
- application	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirements, this date will not be list	ted as
Adoption of Amendment(s)	(CHECK ONE)	

Dated	10/20/2021
Signatur	in the contraction of the contra
	(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	JOSHUA HOBBS
	WOLLD HODDS
	(Typed or printed name of person signing)

(Title of person signing)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were