## 719452

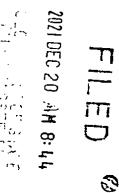
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C. BRUMBLEY DEC 2 1 2021

## **COVER LETTER**

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: <u>Pentecos</u> 1	tal Church of God of	America Inc. Flor
DOCUMENT NUMBER: <u>State 1D Aug</u> The enclosed Articles of Amendment and fee are submit Please return all correspondence concerning this matter	tnBER 7/9452tted for filing.	2021 FTT OU F!! !2: 39
Pentecostal Churc	h of God of America, (Firm/ Company)	Inc.
P.O. Box 5128	(Address)	
Plant City, FC	33563 City/ State and Zip Code)	
1 W HOWARD 77 Pem I	for future annual report notification)	
For further information concerning this matter, please of	rall:	
(Name of Contact Person)		29 Telephone Number)
Enclosed is a check for the following amount made pay	vable to the Florida Department of State:	
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed)  □\$52.50 Filing Fee Certificate of Statu Certified Copy (Additional Copy in Enclosed)	
Mailing Address  Amendment Section  Division of Corporations  P.O. Boy 6327	Street Address Amendment Section Division of Corporations The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to

## Articles of Incorporation

of

Name of Corporation as currently filed with the Florida De	God of America, Inc. Florida I
7/9452	
(Document Number	r of Corporation (if known)
	s, this Florida Not For Profit Corporation adopts the following
. If amending name, enter the new name of the corporation	on:
	The new
ame must be distinguishable and contain the word "corporati Company" or "Co," may not be used in the name.	on" or "incorporated" or the abbreviation "Corp." or "Inc."
3. Enter new principal office address, if applicable:	1305 N. Wheeler St.
Principal office address MUST BE A STREET ADDRESS )	Plant City, FLA 33563
-	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O. BOX 5128
	Plant City, FLA 335630 8
). If amending the registered agent and/or registered offic new registered agent and/or the new registered office ac	e address in Florida, enter the name of the
Name of New Registered Agent: Dr. Bi	Oyl Meridian Ave.  (Floridu street address)
370	041 Meridian Ave.
New Registered Office Address:	(riorida sireei dalaess)
Dad	le City Florida 33525 (City) (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fan	Agent:
	gnature of New Registered Agent, if changing
Sig	gnature of New Registered Agent, if changing

Etlak Dunn Oit. 26,2021 ETTA K. DUNN
Notary Public, State of Fiorida
My comm. expires May 20, 2025
Commission Number HH 131515

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	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	V	Dr. Leon Nail	Hew Port Richey, FL 34625
X Remove			New Port Richey, FL 34623
2) Change Add	<u> </u>	Dr Billy Denton	37041 Meridan Ave Dade City, Fl 33525
Remove 3) Change Add Remove			
4) Change Add			<del></del>
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
		onal Articles, enter change(s) here: essary). (Be specific)	

	•		
	<u> </u>	·	
		<u> </u>	
		<u></u>	
			,
The date of each amendment(s) adoptedate this document was signed.	ion:		if other than the
Effective date if applicable:		amendment file date)	
Note: If the date inserted in this block d document's effective date on the Depart	loes not meet the applicable st ment of State's records.	atutory filing requirements, th	is date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were adopt was/were sufficient for approval.	ed by the members and the nu	imber of votes cast for the ame	endment(s)

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 12/15/2021
Signature My Jawas
(By the chairman of 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)
Dr. L.W. Howard
(Typed or printed name of person signing)
President
(Title of person signing)