725292

| (Requestor's Name) |
|---|
| |
| (Address) |
| |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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08/20/09--01026--017 **43.75



Amend.
08/24/09

COVER LETTER

TO: Amendment Section
Division of Corporations

| NAME OF CORPORATION: Florida Church of God Ministries, Inc. | | | | | | |
|--|--|---|--|--|--|--|
| DOCUMENT NUMBER: 72529 | 2 | | | | | |
| The enclosed Articles of Amendment and fee are submitted for filing. | | | | | | |
| Please return all correspondence concerning this matter to the following: | | | | | | |
| Gregory A. Wiens (Name of Contact Person) | | | | | | |
| Florida Church of God Ministries, Inc. (Firm/Company) | | | | | | |
| 5826 Hoffner Avenue, # 1001 (Address) | | | | | | |
| Orlando, FL 32822 (City/ State and Zip Code) | | | | | | |
| E-mail address: (to be used to | for future annual report notification | on) | | | | |
| For further information concerning this matter, please call: | | | | | | |
| Michael Brookins (Name of Contact Person) | at (40) 737 ^ | 7633 Telephone Number) | | | | |
| Enclosed is a check for the following amount made pay | able to the Florida Department o | f State: | | | | |
| \$35 Filing Fee \$\Bigcup \$43.75 Filing Fee & Certificate of Status | 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 | Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center C | , | | | | |

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

| Florida Church of | | | nc. | | | |
|---|---------------------------------------|---------------------------|----------------------------|--|--|--|
| (Name of Corporation as currently filed with the Florida Dept. of State) | | | | | | |
| 725292 | | | | | | |
| (Document Number of Corporation (if known) | | | | | | |
| Pursuant to the provisions of section 617.1006, the following amendment(s) to its Articles of In A. If amending name, enter the new name of | corporation: | | Profit Corporation adopts | | | |
| The new name must be distinguishable and coabbreviation "Corp." or "Inc." "Company" o | | | corporated" or the | | | |
| B. Enter new principal office address, if app | licable: | | | | | |
| (Principal office address MUST BE A STREE | TADDRESS) | | A 30 | | | |
| | | | 一一一 | | | |
| | | | 20 P | | | |
| C. Enter new mailing address, if applicable | : | | HO 3 M | | | |
| (Mailing address MAY BE A POST OFFIC | | <u> </u> | | | | |
| | | | Price 31 | | | |
| | | | 'हर≯ | | | |
| | | | | | | |
| D. If amending the registered agent and/or r | | | ter the name of the | | | |
| new registered agent and/or the new regi | stered office ad | <u>ldress:</u> | | | | |
| Name of New Registered Agent: | | <u> </u> | <u> </u> | | | |
| | | | | | | |
| New Registered Office Address: | (Flor | rida street address) | | | | |
| | | | , Florida | | | |
| | · · · · · · · · · · · · · · · · · · · | (City) | (Zip Code) | | | |
| New Registered Agent's Signature, if changing I hereby accept the appointment as registered position. | | | ept the obligations of the | | | |
| | | | | | | |
| <u></u> | ignature of Nev | v Registered Agent, if ch | anging | | | |

removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary) **Title** Name Address Type of Action ☐ Add ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) Amending Article 2 to include the following: Said organization is organized exclusively for Charitable religious educational and scientifie uding, for such purposes, the making of distributions to organizations that of the Internal Revenue Code, or corresponding any future federal tax code.

| The date of each amendment(s) adoption | ı: 8 | 118 | 109 | |
|---|-------------------------|-----------------|------------|---|
| | | of adopt | ion is rec | quired) |
| Effective date if applicable: | | • | | |
| (no | more than 90 | days af | ter amen | dment file date) |
| Adoption of Amendment(s) | (CHECK ON | Œ) | | |
| The amendment(s) was/were adopted by was/were sufficient for approval. | y the members | and the | number | of votes cast for the amendment(s) |
| There are no members or members enti- adopted by the board of directors. | itled to vote or | the am | endment | (s). The amendment(s) was/were |
| Dated & I & O | a, | | - | |
| | elected, by an | incorpo | orator – i | d, president or other officer-if directors f in the hands of a receiver, trustee, or y) |
| <u> </u> | Tegory (Typed or pri | / A nted nar | . Wi | rson signing) |
| | | EO | | |
| | (Title o | of person | n signing | () |

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