## 734469

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

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NAME OF CORPORATION:	hip Inc.
734469 DOCUMENT NUMBER:	
	1 % 10 60
The enclosed Articles of Amendment and fee are st	ibmitted for thing.
Please return all correspondence concerning this ma	atter to the following:
Kim Hopkins	
	(Name of Contact Person)
Believers Fellowship Inc	
	(Firm/ Company)
P.O. Box 653	
	(Address)
Okeechobee, FL 34973	
	(City/ State and Zip Code)
E-mail address: (to be us	sed for future annual report notification)
For further information concerning this matter, plea	
Kim Hopkins	863 242-8075 at
(Name of Contact Person	
Enclosed is a check for the following amount made	payable to the Florida Department of State:
☐ \$35 Filing Fee ■\$43.75 Filing Fee & Certificate of Status	
Mailing Address Amendment Section	Street Address Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

Believers Fellowship Inc.			
(Name of Corporation as currently filed with the	Florida Dept. of Stat	<u>e</u> )	
734469			
(Docum	ent Number of Corpora	ation (if known)	
Pursuant to the provisions of section 617,1006, Flor amendment(s) to its Articles of Incorporation:	rida Statutes, this <i>Floria</i>	la Not For Profit Co	rporation adopts the following
A. If amending name, enter the new name of the	corporation:		
	$\cap$	A	The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name  B. Enter new principal office address, if applicate (Principal office address MUST BE A STREET A	!. ble:	orporated" or the ab	phreviation "Corp." or "Inc."
			. ~
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	BOX)	n A	2021 JUL 23
			AM 9
D. If amending the registered agent and/or registered agent and/or the new registered		1 Florida, enter the	name of the
	Kim Hopkins		
Name of New Registered Agent:	<u> </u>		
	300 SW 6th Avenue	(Florida street a	
New Registered Office Address:		(r tortaa street a	(GPCSN)
	Okeechobee		, Florida <u>34</u> 974
	(City)		(Zip Code)
New Registered Agent's Signature, if changing Is I hereby accept the appointment as registered agen	Registered Agent: t. I am familiar with a	nd accept the obligat	ions of the position.
_	tir	n Hab	MO)

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 De           V         Mike Jo           SV         Sally Sr	nes	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add	<u>T</u>	Carv Killian	
x Remove			
2) <u>×</u> Change Add	TS	Kim Hopkins	
Remove 3 ) X Change Add Remove	TR	Mark Youmans	
4) <u>×</u> Change Add	TRCT	Linda Ashby	
Remove			
5) × Change Add	ATR	Robert Banfield	
Remove			
6) Change Add			
Remove			
E. If amending or addir (attach additional shee		icles, enter change(s) here: (Be specific)	
Head Usher position is cl	nanged to Trustee		
Position of Co-Treasurer	is added. Linda A	shby is now Trustee and Co-Treasurer.	
Robert Banfield is moved	l to position of Alt	ernate Trustee.	

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<del></del>		<del></del>
	:	145 . 14 . 14 . 16
The date of each amendment(s) adoption	·	, if other than the
date this document was signed.		
7/11/2021		
Filective date if annicante:	<del></del>	
(	no more than 90 days after amendment file date)	

<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)

(CHECK ONE)

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

Dated	07/18/2021
Signature (	
	John Ashby

(Title of person signing)