735917

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TO MAR 23 AM 9: 11

Amend (a) 3/04/10

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: IGLESIA CRI	STIANA OB	REROS DE	PAZ, INC.
DOCUMENT NUM	IBER: 735917			
The enclosed Article	s of Amendment and fee are su	bmitted for filing		
Please return all corre	espondence concerning this ma	ter to the followi	ng:	
	ZOILA	J QUINTERO		
	(Name o	Contact Person)		
	IGLESIA CRISTIAN	A OBREROS I	DE PAZ, INC	
	(Firm	n/ Company)		
	501 V	/ILMER AVE		
	(Address)		,
	ORI AN	DO, FL 32808	}	
		te and Zip Code)		
	PEACEFO	RCE@MSN.C	ОМ	
	E-mail address: (to be use			cation)
For further information	on concerning this matter, pleas	e call:		
ZOILA J QUINTE	RO	at (_ 407	290 927	79
(Name	of Contact Person)		a Code & Dayti	me Telephone Number)
Enclosed is a check f	or the following amount made p	payable to the Flo	rida Departmer	nt of State:
∑ \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	□ \$43.75 Fi Certified Co (Additional enclosed)	ру	□ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	ng Address ndment Section		et Address endment Section	,
Division of Corporations		Division of Corporations		
P.O. Box 6327		Clift	on Building	
Tallahassee, FL 32314		2661	Executive Cente	er Circle

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

IGLESIA CRISTIANA OBREROS DE PAZ, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

735917

(Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006, Florida Statutes the following amendment(s) to its Articles of Incorporation:	, this <i>Florida Not For I</i>	Profit Corporation adopts
A. If amending name, enter the new name of the corporation	on:	
The new name must be distinguishable and contain the word abbreviation "Corp." or "Inc." "Company" or "Co." may no		corporated" or the
B. Enter new principal office address, if applicable:	501 WILMER AVE	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	ORLANDO	
	FL 32808	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office	address in Florida, en	ter the name of the
new registered agent and/or the new registered office ad-	dress:	
Name of New Registered Agent:		
New Registered Office Address: (Flor	ida street address)	_
	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Registered A lereby accept the appointment as registered agent. I am position		pt the obligations of the

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)

<u>Title</u>	Name	<u>Address</u>	Type of Action
PRES	ZOILA J. QUINTERO	18611 SR 44 EUSTIS FL 32808	✓ Add ☐ Remove
E. If amend (attach a	ding or adding additional Articles, edditional sheets, if necessary). (Be s	nter change(s) here: pecific)	

The date of each amendment(s) a	doption: 03-15-2010
Effective date <u>if applicable</u> :	(date of adoption is required)
<u> </u>	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were add was/were sufficient for approval.	opted by the members and the number of votes cast for the amendment(s).
There are no members or membadopted by the board of director	pers entitled to vote on the amendment(s). The amendment(s) was/were rs.
Dated 3-15-201	0
Signature 3	
(By the c have not	chairman or vice chairman of the board, president or other officer-if directors been selected, by an incorporator – if in the hands of a receiver, trustee, or art appointed fiduciary by that fiduciary)
	ZOILA J QUINTERO
	(Typed or printed name of person signing)
	PRESIDENT/ PASTOR
	(Title of person signing)

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