## 760404

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J. W.

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	Thurch of Our Lord and S	Savior Jesus Chris	t, inc.
760404 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee	are submitted for filing.		
Please return all correspondence concerning th	is matter to the followin	g:	
Elaine Watson			
	(Name of Conta	ct Person)	
	(Firm/ Com	pany)	
1409 NE 152 street			
	(Addres	s)	<del></del>
North Miami Beach / Florida 33162			
	(City/ State and	Zip Code)	<u>-</u>
et.watson@hotmail.com			
E-mail address: (to	be used for future annua	l report notification	on)
For further information concerning this matter.	please call:		
Elaine Watson		786 at	457-3108
(Name of Contact	Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount r	nade payable to the Flor	ida Department of	State:
☐ \$35 Filing Fee ■\$43.75 Filing Fee Certificate of \$	Fee & S43.75 Filing 1 Status Certified Copy (Additional co- enclosed)	, Certi py is Certi (Add	60 Filing Fee ficate of Status fied Copy itional Copy is osed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Address Amendment Sec Division of Corp The Centre of	orations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

Pemecostal Church of Our Lord and Savior Jesus Chris	t, inc.	
(Name of Corporation as currently filed with the Flor	rida Dept. of State)	
760404		
(Document N	Number of Corporation (	if known)
Pursuant to the provisions of section 617,1006, Florida Samendment(s) to its Articles of Incorporation:	Statutes, this <i>Florida Not</i>	For Profit Corporation adopts the following
A. If amending name, enter the new name of the corp	poration:	
NA		271
name must be distinguishable and contain the word "cor "Company" or "Co." may not be used in the name.	poration" or "incorpor	The new ated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	NA	7. 20
(Principal office address MUST BE A STREET ADDR	ESS)	CC 2 7
		<u> </u>
		<u></u> &
C. Enter new mailing address, if applicable:	NA	may P
(Mailing address <u>MAY BE A POST OFFICE BON</u> )		70
		23 Paris 23
		<b>P</b>
D. If amonding the majetaned again and/a majetaned		
<ul> <li>If amending the registered agent and/or registered new registered agent and/or the new registered off</li> </ul>	fice address:	da, enter the name of the
Name of New Registered Agent: NA		
want of new negative cangen.		
		(Florida street address)
<u>New Registered Office Address:</u>		
NA		Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regist	ered Agent:	
hereby accept the appointment as registered agent. I a	m familiar with and acco	ept the obligations of the position.
	Signature of New Roc	sistered Agent, if changing
	- agammeny men neg	менен адет, у спатуту

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>V</u> <u>Mil</u>	in Doe ke Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	<u>D</u>	Clarke, Rosheba	22621 SW 88th Place #302 Cutler Bay, FL 33190
xxxx Remove			
2) Change Add	<u>D</u>	Watson, Jonathan Paul	P.O. Box 971 Riverview, FL 33568
Remove Change Add Remove	D	Watson II. Simeon	6064 Enclave PL Trussville, FL 35173
4) Change Add	<del></del>	<del></del>	AHASSE
Remove 51 Change Add			TO THE TOTAL CONTROL OF THE TO
Remove 6) Change Add	<del></del>		
E. If amending or additional sh		Articles, enter change(s) here: v). (Be specific)	

	ALL
	P
	SS W
<del></del>	
	<b>,</b>
<del></del>	
The date of each amendment(s) addate this document was signed.	option:, if other than the
Effective date if applicable:	(no more than 90 days after amendment file date)
	(no more than 90 days after amendment file date)
<u>Note:</u> If the date inserted in this blo document's effective date on the De	ck does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were ac was/were sufficient for approva	opted by the members and the number of votes cast for the amendment(s)