# 765362

| (Re                                     | equestor's Name)   |           |
|---|--------------------|-----------|
| (Ac                                     | ldress)            | · .       |
| (Ac                                     | ldress)            |           |
| (Cit                                    | ty/State/Zip/Phone | e #)      |
| PICK-UP                                 | WAIT               | MAIL      |
| (Bu                                     | isiness Entity Nar | ne)       |
| (Document Number)                       |                    |           |
| Certified Copies                        | _ Certificates     | of Status |
| Special Instructions to Filing Officer: |                    |           |
|   |                    |           |
|   |                    |           |
|   |                    | <u> </u>  |
|   |                    |           |

Office Use Only



700187846487

11/24/10--01013--014 \*\*43.75





### COVER LETTER

TO: Amendment Section
Division of Corporations

| NAME OF CORPORATION: Open B  | ble Gospel  | Tobernocle  |
|--|---|---|
| DOCUMENT NUMBER: # 7652  | ·   |   |
| The enclosed Articles of Amendment and fee are submi   | rted for filing.  |   |
| Please return all correspondence concerning this matter  | to the following:   |   |
| Gail Hill (Name of Co  |   |   |
| (Name of Co  | entact Person)  |   |
| Open Bible Go  | spel Tobern<br>Company)   | gc/e  |
| 16741 S.W. 278   | th ST   |   |
| ( <b>A</b> d   | dress)  |   |
| Homestead F  | 7. 33031  |   |
| (City/ State)  | and Zip Code)   |   |
|  |   |   |
| E-mail address: (to be used t  | or future annual report notificat   | ion)  |
| For further information concerning this matter, please of                                      | all:  |   |
| Goil Hill  | at ( <u>305</u> ) <u>247-</u><br>(Area Code & Daytime   | 2754  |
| (Name of Contact Person)   | (Area Code & Daytime  | e Telephone Number)   |
| Enclosed is a check for the following amount made pay  | able to the Florida Department (  | of State:   |
| □ \$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status                                 | Certified Copy (Additional copy is enclosed)  | ☐ \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Taltahassee, FL 32314 | Street Address Amendment Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301 |   |



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

December 1, 2010

GAIL HILL 16741 SW 278 ST HOMESTEAD, FL 33031

SUBJECT: OPEN BIBLE GOSPEL TABERNACLE INC.

Ref. Number: 765262

We have received your document for OPEN BIBLE GOSPEL TABERNACLE INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you sent in is not complete.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6957.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 210A00027947

Com plete documentation

RECEIVED

11 JAN 10 AM 9: 32

REGRESSEE FLORIDA

## Articles of Amendment to Articles of Incorporation

(Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation" or "incorporated abbreviation "Corp." or "Inc." "Company" or "Co." muy not be used in the name. ible Church of Homestead B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new malling address, if applicable; SAME OS OBOVE (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: New Registered Office Address: (Florida street address) Florida (Zip Code) (City)

Signature of New Regists, on Agent, if changing

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the

New Registered Agent's Signature, if changing Registered Agent:

position.

# 1 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) **Type of Action** Title Name Address ☐ Add ☐ Remove \_\_\_\_\_ Remove ☐ Add Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

| The date of each amendment(s) adoption: NOV- 4 2010   |
|---|
| The date of each amendment(s) adoption: NOV 4 2010  (date of adoption is required)  Effective date if applicable: 12/20/2010            |
| (no more than 90 days after amendment file date)  |
|   |
| 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.    |
| 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 Dec 7 2010  |
| (By the chairman or vice chairman of the board, president or other officer-if director  |
| have not been selected, by an incorporator – if in the hands of a receiver, trustee, other court appointed fiduciary by that fiduciary) |
| Thomas J. Hicc<br>(Typed or printed name of person signing)   |
| Postor / President (Title of person signing)  |
| (Title of person signing)   |

Page 3 of 3