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COVER LETTER

To: Amendment Section
Division of Corporations

NAME OF CORPOR	RATION: VILLAGE OF HO	PE WORSHIP CENTER.	INC.
DOCUMENT NUMI	E1500000 1301		
The enclosed Articles	of Amendment and fee are so	ibmitted for filing.	
Please return all corre	spondence concerning this ma	itter to the following:	
	STEVE COLEMAN		
		Name of Contact Person	n
	VILLAGE OF HOPE WOR	SHIP CENTER, INC.	
		Firm/ Company	
	5353 ARLINGTON EXPRE	• ,	
		Address	
	JACKSONVILLE, FL 3221	I	
	· · · · · · · · · · · · · · · · · · ·	City/ State and Zip Cod	e
VOH	WorshipCenter@gmail.com		
	·	sed for future annual report	notification)
For further information	n concerning this matter, plea	se call:	
Steve Coleman		at (727	543-6333
Name (of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	irtment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□S52.50 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		Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

VII	LAGE	OF HOPE	WORSHIP	CENTER	INC

(Name	of Corporation as currer	tly filed with the Florida Dept. of S	tate)
F15000004301			
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, thi	s Florida Profit Corporation adopts i	he following amendment(s)
A. If amending name, enter the new n	ame of the corporation:		
name must he distinguishable and cor "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp." "Inc." or	"Co". A professional corporation i	The new or the abbreviation name must contain the
B. Enter new principal office address,	if applicable:	5353 Arlington Expressway	
(Principal office address <u>MUST BE A S</u>		Suite 210	17 J
		Jacksonville, FL 32211	1
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		5353 Arlington Expressway	25 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		Suite 210	7.9
		Jacksonville, FL 32211	
D. If amending the registered agent an new registered agent and/or the ne			<u>he</u>
Name of New Registered Agent	Steve Coleman		
	5353 Arlington Expressy	vay, Suite 210	
	tFlorida s	treet address)	
New Registered Office Address:	Jacksonville	. Florid	32211 da
		(City)	(Zip Code)
New Registered Office Address: New Registered Agent's Signature, if c I hereby accept the appointment as regist	hanging Registered Agen	(City)	(Zip Code)
	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)

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	<u>PT</u>	John Doe		
X Remove	<u>V</u>	Mike Jones		
<u>X</u> Add	<u>sv</u>	Satly Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change	C	DR. LARRY WRIGHT	13936 Atlantic Blvd.	
Add			Jacksonville, FL 32225	
X Remove				
2) Change	Ð	KELLY McKNIGHT	7701 Timberlin Park Blvd.	
Add			#122	
Remove			Jacksonville, FL 32256	
3) Change	D	CHARLES TRAVIS	11152 Oak Ridge Drive South	
X Add			Jacksonville, Ft. 32225	
Remove				
4) Change	D	STEVE COLEMAN	5353 Arlington Expressway	
<u>x</u> Add			Suite 210	
Remove			Jacksonville, F1, 32211	
5) Change		_	_	
Add				
Remove				
6) Change		_		
Add				
Remove				

ttach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
	
	

·	June 20, 2017	
The date of each amendmen		, if other than th
date this document was signe		
D'Continue data (Compliantia)	June 20, 2017	
Effective date if applicable:	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this date will no the Department of State's records.	t be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/was/were sufficient for a	were adopted by the members and the number of votes cast for the amendment(s) approval.	
There are no members of adopted by the board of	r members entitled to vote on the amendment(s). The amendment(s) was/were directors.	
June Dated	20, 2017	
Signature		
(By th	e chairman or vice chairman of the board, president or other officer-if directors	<u> </u>
	not been selected, by an incorporator – if in the hands of a receiver, trustee, or 💢	A.S
other	court appointed fiduciary by that fiduciary)	7
St	eve Coleman	JUN 2
	(Typed or printed name of person signing)	o !
D 	irector -	1 2: 24
	(Title of person signing)	<u></u>