100000005142

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(Add	lress)	
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(City	/State/Zip/Phone	e #)
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MIL HAY - 4 P 2: 55
SECRETARY OF STATE



COVER LETTER

TO: Amendment Section Division of Corporations

•-

NAME OF CORPORATION: TREASURE	E COAST HOU	SE OF PRAYER, INC.
DOCUMENT NUMBER: NO000005	5142	
The enclosed Articles of Amendment and fee are sub	omitted for filing.	
Please return all correspondence concerning this mat	ter to the following:	
LYNNE BARLETTA		
	(Name of Contact Perso	n)
	(Firm/ Company)	
2213 SW DOVE CANYO	YAW NC	
	(Address)	
PALM CITY, FL 34990		
	(City/ State and Zip Cod	e)
openheaven@me		
E-mail address: (to be use	d for future annual report	notification)
For further information concerning this matter, please	e call:	
CHRISTINE FRIES	_{at (} 772	219-3226 ode & Daytime Telephone Number)
(Name of Contact Person)	(Area C	ode & Daytime Telephone Number)
Enclosed is a check for the following amount made p	ayable to the Florida Depa	artment of State:
□ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	■\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 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 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

TREASURE COAST HOUSE OF PRAYER, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)
N000005142

(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:

must be distinguishable and cor pany" or "Co." may not be use		ration" or "incorporated" or the abb	reviation "Corp."
inter new principal office addressing office addressing of the control of the con	ss, if applicable:	<u>N/A</u>	
inter new mailing address, if a		 N/A	
	ST OFFICE BOX)		
Mailing address <u>MAY BE A PO</u>			
Mailing address <u>MAY BE A PO</u> f amending the registered agent	and/or registered o	fice address in Florida, enter the na	me of the
Mailing address <u>MAY BE A PO</u> Mailing address MAY BE A POS Mailing address MAY BE A POS Mailing address MAY BE A POS Mailing address MAY BE A POS MAY BE A POS	and/or registered of new registered office	fice address in Florida, enter the na	me of the
Mailing address MAY BE A POS f amending the registered agent new registered agent and/or the	and/or registered of new registered office	fice address in Florida, enter the na	me of the
Mailing address MAY BE A POS f amending the registered agent new registered agent and/or the Name of New Registered Age	and/or registered of new registered office	fice address in Florida, enter the na address:	- -

Page 1 of 4

ZIIIZ HAY -4 P 2: 5

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 Jon	<u>es</u>		
_X Add	<u>sv</u>	Sally Smi	<u>th</u>		
Type of Action (Check One)	<u>Title</u>	1	<u>Name</u>	<u>Addres</u> s	
1) Change Add Remove		<u>.</u>	N/A		
Kemove					
2) Change Add					
Remove					_
3) Change Add				·	
Remove		•			_
4) Change					
Add Remove					_
5) Change Add					_
Remove					
6) Change Add			- 7		_
Remove					_

E. If amending or adding additional Art (attach additional sheets, if necessary).	(Be specific)	
N/A		
		
A		
		
·		
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The date of each amendment(s) ad	loption: 3/2/2012
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ac was/were sufficient for approva	dopted by the members and the number of votes cast for the amendment(s)
There are no members or members adopted by the board of directors	bers entitled to vote on the amendment(s). The amendment(s) was/were ors.
Dated 5/2/20	12
Signature	vane Barlite
have not bee	man or vice chairman of the board, president or other officer-if directors en selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)
LYNNE BA	ARLETTA
	(Typed or printed name of person signing)
PRESIDE	NT
	(Title of person signing)

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	(City/ State and Zip Cod	e)
openheaven@me	e.com	
E-mail address: (to be used	for future annual report	notification)
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