

NC1 0000002300

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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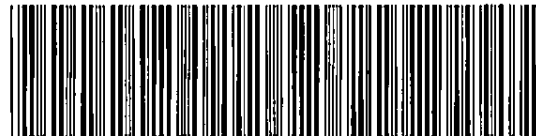
(Business Entity Name)

(Document Number)

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2024 JUL 12 AM 8:15

FILED

AB

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Salem Church of God Inc

DOCUMENT NUMBER: N01000002300

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Pastor Sony Felix

(Name of Contact Person)

Salem Church of God Inc

(Firm/ Company)

1761 SW Bismark St

(Address)

Port Saint Lucie Florida 34953

(City/ State and Zip Code)

sonyfelix033@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Pastor Sony Felix

772 4182690

all

(Name of Contact Person)

(Area Code)

(Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

~~7.~~ \$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

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Salem Church of God Inc

DOCUMENT NUMBER: N01000002300

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Charles Travis
(Name of Contact Person)

Logos Global Network Inc
(Firm/ Company)

P O Box 351087
(Address)

Jacksonville Florida 32235
(City/ State and Zip Code)

drt@lgnfamily.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Charles Travis 904 613-8469
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy is
Enclosed) |
|--|---|---|--|

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Tallahassee, FL 32314

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The Centre of Tallahassee
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Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

Salem Church of God Inc

FILED

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

2024 JUL 12 AM 8:45

N01000002300

(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:

N/A

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

N/A

(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:

Guerda Darius Labbe

5451 NW Norris Ave

(Florida street address)

New Registered Office Address:

Port Saint Lucie

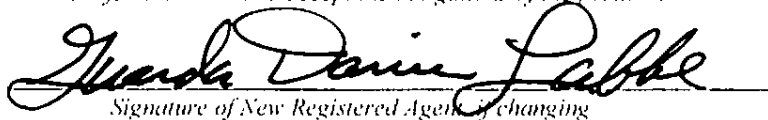
(City)

Florida 34986

(Zip Code)

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

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


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:

<u>X</u> Change	<u>PT</u>	<u>John Doe</u>
<u>X</u> Remove	<u>V</u>	<u>Mike Jones</u>
<u>X</u> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <u> </u> Change <u> </u> Add	<u>P</u>	<u>Desinor, Mercedieu</u>	<u>Deceased</u>
<u> </u> Remove			
2) <u> </u> Change <u> </u> Add	<u>P</u>	<u>Felix, Sonv</u>	<u>1761 SW Bismark St</u> <u>Port St Lucie, Florida 34953</u>
<u> </u> Remove			
3) <u> </u> Change <u> </u> Add	<u>S</u>	<u>Revnold, Geslin</u>	<u>106 Moraine St</u> <u>Brockton, MA 02301</u>
<u> </u> Remove			
4) <u> </u> Change <u> </u> Add	<u>S</u>	<u>Fred Domervil</u>	<u>1861 SW Fears Ave</u> <u>Port Saint Lucie, Florida 34956</u>
<u> </u> Remove			
5) <u> </u> Change <u> </u> Add			
<u> </u> Remove			
6) <u> </u> Change <u> </u> Add			
<u> </u> Remove			

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

☒ 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 June 30th 2024

Signature Marie L. Blanc
(By the Chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

MARIE L. BLANC
(Typed or printed name of person signing)

Vice President
(Title of person signing)