## NOID00002700

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	; #)
PICK-UP	MAIT	MAIL
(Bu	rsiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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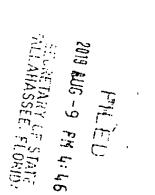
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## **COVER LETTER**

TO: Amendment Section Division of Corporations NAME OF CORPORATION: The MOUNT Olive HoliNess Church, INC DOCUMENT NUMBER: NO 100000 2700 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JAMES M. Lee 1806 DOMAR dR (Address) TALLAHASSEE, FL 32308 GeA. AMes 10 VA hoo. Co M
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: TAMES IN Lee at 850-322-48/6 (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: □\$43.75 Filing Fee & □\$43.75 Filing Fee & □ \$35 Filing Fee □\$52.50 Filing Fee Certified Copy Certificate of Status Certificate of Status (Additional copy is Certified Copy (Additional Copy is enclosed) Enclosed)

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Fl. 32301

## Articles of Amendment

to

Articles of Incorporation

.The Mount Olive Hou	neis Church Inc_		
	ly filed with the Florida Dept. of State)		
NO1000002700			
(Document Numbe	r of Corporation (if known)		
Pursuant to the provisions of section 617.1006, Florida Statutes amendment(s) to its Articles of Incorporation:	s, this <i>Florida Not For Profit Corporation</i> adopts	s the follo	wing
A. If amending name, enter the new name of the corporation	on:		
		The	new
name must be distinguishable and contain the word "corporati	ion" or "incor <b>p</b> orated" or the abbreviation "Cor		
"Company" or "Co." may not be used in the name.			
B. Enter new principal office address, if applicable:	1996 OAKKINGERO		
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	1996 OAKRidge Rd TATA-hassee, FL 323	05	
C. Enter new mailing address, if applicable:	P.D. Box 5871		
(Mailing address MAY BE A POST OFFICE BOX)			
	TATIAHASSEE, FL 323/C	)	
*			2019
D. If amending the registered agent and/or registered offic	e address in Florida, enter the name of the	老服	<b>Æ</b> UG
new registered agent and/or the new registered office ac	ddress:	AS.	G
Name of New Registered Agent: N	/A	SEE Y	9
		11 .v	
<del></del>	(Florida street address)		-
<u>New Registered Office Address:</u>	/		φ. 1-
/ //	H, Florida		
	(City) (Zip Code	(y	
New Registered Agent's Signature, if changing Registered	Agent:		
Thereby accept the appointment as registered agent. I am far		tion.	
	$\Lambda$ [/ $\Lambda$ ]		
	14/14		
Si	onblure 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 X.Remove X.Add	<u>V</u> <u>Mik</u>	<u>n Doe</u> e Jones v Smith	
Type of Action (Check One)	<u>Tide</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<del></del>	<i>M</i> A	
Add			
Remove		<b>A / / A</b>	
2) Change			
Add		,	20 CO
Remove		N/A	AUG -9 PK 4: 46 RETARY OF STATE AHASSEE FLORE
3 ) Change	<del></del>		
Add			STATE 6
Remove		Alla	
4) Change		10//1	
Add			
Remove		N/A	<u> </u>
5) Change			
Add		)	
Remove		N / N	
6) Change		_ / V/ H	
Add			<del></del>
Remove			

If amending or adding additional Articles, enter change(s) here: attach additional sheets, if necessary). (Be specific)		
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	<del></del>	<u>Q</u>

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will n document's effective date on the Department of State's records.	iot be listed as the
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.	
Signature  (By the charman 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)	
Typed or printed name of person signing)	
Chair of B.D. T. Registered Agen (Title of person signing)	PILED 2019 AUG -9 PK 4: 46 SHURETARY OF STATE ALL AHASSEE, FLORID,