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COVER LETTER

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TO: Amendment Section Division of Corporations

NAME OF CORPORATION: New Revelation July Lospet Lende
DOCUMENT NUMBER: <u>ND/00003561</u>
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Carolyn E. White (Name of Contact Person)
(Name of Contact Person)
New Revelation Full Gospel Tengle, Inc.
(Firm/ Company)
7/69 Neplock Loop
(Address)
Ocalay 31. 34472
(City/ State and Zip Code)
ONETWOTHER 4 e century link, net E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Carryn 6. White 352 - 282-1784
(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:
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee
Mullion 4.4

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

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the Florida Dept. of State)
Citadel of Life Cathedral NO 1000003561
(Document Number of Corporation (if known)
Pursuant to the provisions of section 617,1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
unitarion(a) to no vittores of meorpolation.
A. If amending name, enter the new name of the corporation:
<u>New Revelation Full Gospel Temple Inc.</u> The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc."
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: 7/69 Hemlock Loof
(Principal office address MUST BE A STREET ADDRESS) OCULA, A. 34473
C. Enter new mailing address, if applicable: (Mailing address MAY RE A POST OFFICE BOX) Same, as Above
(Mailing address MAY BE A POST OFFICE BOX) Same as Above
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:
(Florida street address)
New Registered Office Address:
, Florida
New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.
New Registered Agent's Signature, if changing Registered Agent:
Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.
Signature of New Registered Agent, if changing
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.

Mike Jones, v as Kemove	e, ana sany smaa	, <i>37 as an n</i>	
Example: X_Change X_Remove X_Add		<u>Doe</u> <u>Jones</u> <u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	P	Dr. Bernard R. Franklin	HOOD Springs Lane Linit F Norcross, GA 30192
Remove 2) Change Add	$\sqrt{}$	Dr. Elisha L. Sailor	4000 Springs Lane
Remove Change Add	<u>D</u> _	Carolyn E. White	Noveross, GA 30092 7169 Hemlack Lap Ocala, Fl 34472
Remove 4) Change Add	D	Leon White SR	7169 Hemlick Lap Deala, Fl 34472
Remove 5) Change Add	TR	Tierra White-Ford	378 Marion Daks Trai Beals, Fl 34473
Remove 6) Change Add	TR	Darryl T. Ford	378 Marion Daks Trail Deala, Fl 34473
Remove			
E. If amending or ad (attach additional s	ding additional heets, if necessar	Articles, enter change(s) here: y). (Be specific)	
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(Attach additional sheets, if necessary)

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Mike Jones, V as Remov	e, ana sauy smu	n, Sv us un Auu.	
Example: X_Change X_Remove X_Add		Doe Jones Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	CFD	Lasabre Worthey	4000 Springs Lane
Remove 2) Change Add	5_	La' Vorah R. Hridson	Norcross, GA 30092 4000 Springs Lane
Remove 3) Change Add Remove	Galir	Chermaine J. Lamuthe	Noveross, GA 36092 7669 Hembocklook OCAIA, G. 34972
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or a (attach additional	dding additional sheets, if necessa	Articles, enter change(s) here: ry). (Be specific)	
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Z	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 75 2080
	Signature (2) anolyn B. S. R. H.
	(By the chairman of 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)
	CAROLYN E, White (Typed or printed name of person signing)
	Director overseer (Title of person signing)

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