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S TALLENT



August

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: SHOWERS OF Blessing Pentecostal Holiness Church
DOCUMENT NUMBER: N 01000 003674
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
GLORIA Spence (Name of Contact Person)
(Name of Contact Person)
(Firm/ Company)
5460 N State Rd 7 Suite 122 (Address)
(Address)
N Lauderdale Horida 33319
(City/ State and Zip Code)
9 Onas 15450 amail. Com  E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Glora Spence at 786-525-7669  (April Code) (Destina Telephone Number)
(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 Certificate of Status Certified Copy (Additional copy is enclosed)  \$35 Filing Fee Certificate of Status  Certified Copy (Additional Copy is Enclosed)
Mailing Address Street Address
Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment

to

## Articles of Incorporation

οf

Showers of Blessing Pen	rtecostal Holine	ss Chur	ch	Inc.		
(Name of Corporation as current	tly filed with the Florida Dept. of S	State)				
N 01000003	3674					
(Document Number	er 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 Corpe</i>	oration adopts the	follow	ing		
A. If amending name, enter the new name of the corporation:  Showers of Blessing Penterostal Out Reach Holiness The			N) N	istry		
Showers of Blessing Pent	te costal Out Reach	a Holiness	_The n	ew		
name must be distinguishable and contain the word "corporate	ion" or "incorporated" or the abbr	eviation "Corp."	or "Inc	:. "		
"Company" or "Co." may not be used in the name.	W/+					
B. Enter new principal office address, if applicable:	<u> </u>	<del>- ;</del>	= = = = = = = = = = = = = = = = = = =			
(Principal office address <u>MUST BE A STREET ADDRESS</u> )			3			
			NO V	- 1		
			8	- 37		
C. Enter new mailing address, if applicable:	43/5	1	<del></del>	1.73		
(Mailing address MAY BE A POST OFFICE BOX)	W/A		<u> </u>			
	•		ڢ	Ame !		
		rn.	_ <u></u>	<del></del>		
D. If amending the registered agent and/or registered offic	e address in Florida, enter the nat	me of the				
new registered agent and/or the new registered office at		in or the				
11/4						
Name of New Registered Agent: NA				<del></del> -		
				_		
New Registered Office Address: N/A	(Florida street addr	ess)				
	-	., Florida				
	(City)	(Zip Code)				
New Registered Agent's Signature, if changing Registered. I hereby accept the appointment as registered agent. I am fan		ns of the position.				
	NIA					
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 X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		Address
1) Change		<del></del>	NIA	
Add				
2) Change	<del>40 1</del>		NIA	
Add Remove			NIA	
3) Change Add		<del></del>		
Remove			NIA	
4) Change Add	_	<del>-</del>	<del></del>	
Remove			NIA	and the second s
5) Change		_	<del></del>	
Remove 6) Change			NIA	
Add				
Remove				

(attach additional sheets, if necessary). (Be specific)
This is a Not for proper Corp it is for religious purpose and Charitable to Help those that are in distress and teppeless to minister to the Need of
religious purpose and Charitable to
Help those that are in distress and
Hopeless to minister to the Need of
them.

The date of each amendment(s) adop	tion:	, if other than the
date this document was signed.		
Effective date if applicable:	11/20/2019	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Depart	does not meet the applicable statutory filing requirements, this date will no timent of State's records.	t be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adop was/were sufficient for approval.	ted by the members and the number of votes cast for the amendment(s)	
adopted by the board of directors.	s entitled to vote on the amendment(s). The amendment(s) was/were	
DatedNOV	20th 2019	
Signature	Okey	
	n or vice charman of the board, president or other officer-if directors selected, by an incorporator – if in the hands of a receiver, trustee, or	
	ointed fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	
	(Typed or printed name of person signifig)	
	President	
	(Title of person signing)	