M01000007747

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JK 12-671

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: FULL GOSPEL DEL	IVERANCE Prophetse MINISTRES, I'VE			
DOCUMENT NUMBER: NO 10000 7747				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
HARRY DUBOTS (Name of Contact Person)				
HARRY DUBOTS (Name of Contact Person) FUIL GASPEL DELIVERANCE PROPRETIC MI (Firm/Company) 1665 STERY PLAY MARTIN 1 (Address)	LISTRIES, ILE			
1665 STERY PLANY MARTINI	UTHER KING BLVD			
RIVIERA BEACH, Fla 33424 (City/State and Zip Code)				
FL-APMOOPASTOR DUBOTS (AT) E-mail address: (To be used for future annual report)				
For further information concerning this matter, please call:				
WARRY DUBOLS at (772 (Area Co	HOS-3249 Dele & Daytime Telephone Number)			
Enclosed is a check for the following amount made payable to the Florida Depa	artment of State:			
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
	Address ment Section			
	n of Corporations			
The state of the s	Building			
Tallahassee, FL 32314 2661 E	xecutive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FULL COSPEL DELIVERANCE (Name of Corporation as a NO/DOCKED 7747	ANDPHETIC MINT	STRES. INC. Dent. of State)	<u> </u>
NO/00000 7747	of Corporation (if known)		
(Document Number	of Corporation (if known)	•	•
Pursuant to the provisions of section 617.1006, Flor following amendment(s) to its Articles of Incorpora		r Profit Corporation ad	opts the
A. If amending name, enter the new name of the	e corporation:	7	35%
The new name must be distinguishable and contain "Corp." or "Inc." "Company" or "Co." may not i		orporated" or the abbrev	viation
B. Enter new principal office address, if applical (Principal office address MUST BE A STREET A)			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	BOX)		
D. If amending the registered agent and/or registered agent and/or the new registered Name of New Registered Agent:			
New Registered Office Address:	(Florida street address)		
		, Florida	
 -	(City)	, Florida <u>(Zip Co</u>	de)
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent		the obligations of the po	sition.
Signature of 1	New Registered Agent, if changing	g	

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If REMOVING an officer and/or director, please list the title(s) and name of the officer/director to be remove Title(s) Name Title(s) Name 1) Td OUBOLS LAMONT 5) 3) 6) 6)

E.	If amending or adding additional Art (attach additional sheets, if necessary).	ticles, enter change(s) here:
	(allach additional sheets, if necessary).	(Be specific)
	······································	
		· · · · · · · · · · · · · · · · · · ·
		

The date of each amendment(s) adoption:				
Effective date if applicable: 12-1-2=12 (no more than 90 days after amendment file date)				
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.				
Dated $12-1-2011$				
Signature Delbis				
(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)				
MARRY DUBO IS (Typed or printed name of person signing)				
PRESIDENT (Title of person signing)				

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