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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: LIVING SOL	ıl Full Bible	Holiness Church
DOCUMENT NUMBER: NO200001	519	
The enclosed Articles of Amendment and fee are subm	nitted for filing.	
Please return all correspondence concerning this matter	r to the following:	
Ruby Cooper		
((Name of Contact Person)
Living Soul Full Bible Hol	liness Chur	ch
	(Firm/ Company)	
P. O. Box 404		
	(Address)	
Green Cove Springs, FL	32043	
	(City/ State and Zip Code)
pastorrubylee@ad		
E-mail address: (to be used	for future annual report r	otification)
For further information concerning this matter, please of	call:	
Ruby Cooper	_{at} 904	657- 7686
(Name of Contact Person)	(Area Co	de & Daytime Telephone Number)
Enclosed is a check for the following amount made pay	yable to the Florida Depa	rtment of State:
□ \$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	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle

Articles of Amendment to Articles of Incorporation of

Living Soul Full Bible Holines	ss Church, Corg.	
(Name of Corporation as currently filed with the Flo	orida Dept. of State)	
N02000001519		
(Document Number of Corpor	ration (if known)	
Pursuant to the provisions of section 617.1006, Florida Statutumendment(s) to its Articles of Incorporation:	tes, this Florida Not For Profit Corporation adopts the following	
4. If amending name, enter the new name of the corporat	tion:	
	The new	
name must be distinguishable and contain the word "corpord "Company" or "Co." may not be used in the name.	ation" or "incorporated" or the abbreviation "Corp" or "Inc."	
B. Enter new principal office address, if applicable:	4085 Pier Station Road E	
Principal office address <u>MUST BE A STREET ADDRESS</u>	Green Cove Springs, FL	
	32043	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O. Box 404	
	Green Cove Springs, FL 🔞 🥌 😘	
	32043	
D. If amending the registered agent and/or registered office and/or the new registered office a		
Name of New Registered Agent:	and the same of th	
New Registered Office Address:	(Florida street address)	
<u></u>	, Florida	
(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered		
hereby accept the appointment as registered agent. I am fa	amiliar with and accept the obligations of the position.	

Page 1 of 4

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	PT John Do V Mike Jo SV Sally Sr	nes	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>F</u>	Rev. Daniel Burney	415 N Pine Avenue
Add			Green Cove Springs
X Remove			FL 32043
2) Change	YD	Amy Walker	4085 Pier Station Rd
Add	,		Green Cove Springs
X Remove			FL 32043
3) Change		· · · · · · · · · · · · · · · · · · ·	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
			,
6) Change			
Add			
Remove		D 2 - 6 4	

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) ARTICLE II PRINCIPAL OFFICE place of business: Living Soul Full Bible Holiness Church 4085 Pier Station Rd, Green Cove Springs, FL 32043 mailing address: P.O. Box 404, Green Cove Springs, FL 32043 ARTICLE V INITIAL DIRECTORS/OFFICERS- REMOVE Director Youth Department, Sis Amy Walker 4095 Pier Station Rd., Green Cove Springs,FL 32043 REMOVE Overseer/Founder, Daniel Burney 415 North Pine Ave. Green Cove Springs, FL 32043

The date of each amendment(s) adoption: November 7, 2012		
Effective date if app	November 7, 2012	
	(no more than 90 days after amendment file date)	
Adoption of Amend	ent(s) (<u>CHECK ONE</u>)	
The amendment was/were suffici	s) was/were adopted by the members and the number of votes cast for the amendment(s) nt for approval.	
	obers or members entitled to vote on the amendment(s). The amendment(s) was/were pard of directors.	
Dated Signati	November 7, 2012 Corre	
J.g.	(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)	
R	ıby Cooper	
	(Typed or printed name of person signing)	
R	egistered Agent/Director of Public Relation	
_	(Title of person signing)	