ND20004520

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: FATHER'S HOUSE FEllowship, Dag
DOCUMENT NUMBER: N0200004520
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of Contact Person) Father's House Fellowship
5289 Atwaker Drive
North Part, FL 34288
(City/ State and Zip Code) Won I (Om Pain & Va nvo. Lom E-mail address: No be used for futury annual report notification)
·
For further information concerning this matter, please call: Hiloma Oct at 786 - 863 - 057 (Name of Contact Person) (Area Code) (Daytime 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 Certified Copy (Additional Copy is 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 of

TAINERS HOUSE TEllowship INC				
(Name of Corporation as currently filed with the Florida Dept. of State)				
NO 2000004520				
(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:				
A. If amending name, enter the new name of the corporation:				
N/A The new				
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:				
(Principal office address MUST BE A STREET ADDRESS)				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				
- α				
D. If amending the registered agent and/or registered office address in Florida, enter the name of the				
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: Philoma NOEL S				
25656 DEEP CREEK BLTIL F				
New Registered Office Address:				
City) Florida FL 33983				
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.				
Signature of New Registered Agent, if changing				

Page 1 of 4

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		Doe Jones Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Address</u>
1) Change Add	PD	GENNARO, RUSSO	17154 BEST AVE. Port Charlotte FL 33954
2) Change Add Remove	PD	Philoma Noel	25656 DEEP Creek BI PUNTA GORDA FL 33983
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

f amending or adding additional Artiuttach additional sheets, if necessary).	(Be specific)
	
	
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The date of each amendment(s) ado	ntion: ///6/18	, if other than the
late this document was signed.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Effective date if applicable:	2/10/18	
	(no more than 60 days after amendment file date)
Note: If the date inserted in this block document's effective date on the Department.	c does not meet the applicable statutory filing requirent fractment of State's records.	nents, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado was/were sufficient for approval.	pted by the members and the number of votes cast for	the amendment(s)
☐ There are no members or member adopted by the board of directors	ers entitled to vote on the amendment(s). The amendments.	nent(s) was/were
Dated	16/18	
Signature	R	
	ian or vice chairman of the board, president or other of selected, by an incorporator – if in the hands of a rece	
	pointed fiduciary by that fiduciary)	ewer, dusice, or
other court up	Townseed reduced by Gard reduced by Garden Reduc	
	thiloma Noel	
	(Typed or printed name of person signin	<u>g)</u>
		•
	Ceniar tastor	
	(Title of person signing)	