## N02000007177

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## COVER LETTER

TO: Amendment Section Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

NAME OF CORPORATION: ONE ACCORD	OUTREACH INTERNAT	IONAL CHU	JRCH OF FORT MEADE, INC.
N02000007177 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are	submitted for filing.		
Please return all correspondence concerning this i	matter to the following:		
Dracheka Barrott			
	(Name of Contact Pers	son)	
ONE ACCORD OUTREACH INTERNATIONA	AL CHURCH OF FORT MI	EADE, INC	
	(Firm/ Company)		
P.O. BOX 24			
	(Address)		10-10-1-11 14-11-1
FT MEADE, FL 33841			
	(City/ State and Zip Co	ode)	
laccorddreams@gmail.com			
E-mail address: (to be	used for future annual repo	rt notification	n)
For further information concerning this matter, pl	ease call:		
Dracheka Barrott	<u> </u>	321	332-4503
(Name of Contact Pe			(Daytime Telephone Number)
Enclosed is a check for the following amount made	de payable to the Florida Do	epartment of	State:
■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of State		Certif Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Address Amendment Section		et Address ndment Sect	ion

Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

## Articles of Amendment to Articles of Incorporation of

ONE ACCORD OUTREACH INTERNATIONAL CHURCH OF FORT MEADE, INC.

(Name of Corporation as currently filed with the Florida	Dept. of State)	
N02000007177		
(Document Numb	per of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statut amendment(s) to its Articles of Incorporation:	tes, this <i>Florida Not For Profit Corpord</i>	ation adopts the following
A. If amending name, enter the new name of the corpora	tion:	
HIGHER DIMENSIONS OUTREACH INTERNATIONAL	CHURCH INC.	The new
name must be distinguishable and contain the word "corpora" (Company" or "Co." may not be used in the name.	ttion" or "incorporated" or the abbrev	
B. Enter new principal office address, if applicable:	1421 US HIGHWAY 98 E	
(Principal office address MUST BE A STREET ADDRESS	FT MEADE, FL 33841	
	•	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O. BOX 24	202
	FT MEADE, FL 33841	
		i
	-	<del></del>
D. If amending the registered agent and/or registered off		
new registered agent and/or the new registered office	address:	د. د
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address	,
	_1	Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered		
I hereby accept the appointment as registered agent. I am fa	uniliar with and accept the obligations	of the position.
	Signature of New Registered Agent, if ch	anging

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 Do Mike Jo Sally St	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address
1) Change Add		_		
Remove				
2) Change Add				
Remove 3) Remove Add Remove		_		
4) Change Add		_		
Remove				
5) Change Add		<del></del>		
Remove				
6) Change Add		_		
Remove				
E. If amending or addin (attach additional shee	ig additions:	onal Arti essary).	icles, enter change(s) here: (Be specific)	
	<u>-</u>			
			<del></del>	*****

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The date of each amendment(s) adopt date this document was signed.	ion:	, if other than the
Effective date if applicable:	(no more than 90 days after amendment file date)	<del></del>
Note: If the date inserted in this block document's effective date on the Depart	loes not meet the applicable statutory filing requirements, this date will not ment of State's records.	be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adopt	ed 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 June 28, 2023
Signature  (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)
Dracheka Barrott
(Typed or printed name of person signing)
Secretary

(Title of person signing)