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TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: Cathedral of Ho	ope Church, Inc.	
DOCUMENT NUM	BER: N03000002875		
The enclosed <i>Articles</i>	of Amendment and fee are subn	nitted for filing.	
Please return all corre	spondence concerning this matte	er to the following:	
		erguson, Sr., Esq.	
	(Name of C	Contact Person)	
	Law Offices of Frank	klin C Ferguson, Sr., P.A.	
·	(Firm/	Company)	
	17760 NW :	214 St STE 100	
	(A	ddress)	
	Miami Gard	dens, FL 33169	
		e and Zip Code)	
	E-mail address: (to be used	for future annual report notificat	ion)
For further information	on concerning this matter, please	call:	
Franklin C Fergus	son, Sr., Esq.	at (305) 655-2232	
(Name	of Contact Person)	(Area Code & Daytime	e Telephone Number)
Enclosed is a check for	or the following amount made pa	yable to the Florida Department of	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)
Amer Divis P.O. I	ing Address Indment Section Identification of Corporations Box 6327 Indianate of the section of	Street Address Amendment Section Division of Corporation Clifton Building 2661 Executive Center (Tallahassee, FL 32301	

Articles of Amendment to Articles of Incorporation of

Cathedral	<u>ot Hope Chur</u>	ch, Inc.	
(Name of Corporation as cur	rently filed with t	he Florida Dept. of St	tate)
NO	3000002875		
(Document Nu	umber of Corporati	on (if known)	
Pursuant to the provisions of section 617.100e he following amendment(s) to its Articles of		this Florida Not For I	Profit Corporation adopts
A. If amending name, enter the new name	of the corporatio	<u>n;</u>	
True Love Prai	se and Worship	Church, Inc.	
The new name must be distinguishable and abbreviation "Corp." or "Inc." <u>"Company"</u>			corporated" or the
3. Enter new principal office address, if ap Principal office address <u>MUST BE A STRE</u>			
C. Enter new mailing address, if applicab (Mailing address <u>MAY BE A POST OF</u> I			O9 JUL 13 AM 9: 49 SECHETARY OF STATE TALLAHASSEE, FLORIDA
D. If amending the registered agent and/onew registered agent and/or the new re			nter the name of the
Name of New Registered Agent:			
New Registered Office Address:	(Flor	ida street address)	_
			, Florida
		(City)	(Zip Code)
New Registered Agent's Signature, if chan hereby accept the appointment as register position.	ging Registered A red agent. I am	gent: familiar with and acc	ept the obligations of the
	Signature of New	Registered Agent, if ch	nanging

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
		V-10	
•			
			☐ Add ☐ Remove
		<u></u>	
			(Remove
E. If amer	nding or adding additional A	rticles, enter change(s) here:	
(attach	additional sheets, if necessary)). (Be specific)	
			
	 . 		
	<u> </u>		
	 		
			-

The date of each amendment(s) ad-	option: 6-50-05
Effective date <u>if applicable</u> :	(date of adoption is required)
	(no more than 90 days after amendment file date)
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 members adopted by the board of directors	ers entitled to vote on the amendment(s). The amendment(s) was/were s.
Dated 6/3	0/09
Signature /	res E. Col
(By the cl have not	hairman or vice chairman of the board, president or other officer-if directors been selected, by an incorporator – if in the hands of a receiver, trustee, or rt appointed fiduciary by that fiduciary)
7	(Typed or printed name of person signing)
	CEO
	(Title of person signing)

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