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SECRETARY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations

First Assembly NAME OF CORPORATION:	of God of Immokalee, Florida, Inc.	
N03000003403 DOCUMENT NUMBER:		
The enclosed Articles of Amendment and fee ar	e submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
Arnold Leslie Coones		
•	(Name of Contact Person)	
First Assembly of God of Immokalee, Florida,	Inc.	
	(Firm/ Company)	
P.O. Box 3297		
	(Address)	
Immokalce, Florida 34143		
	(City/ State and Zip Code)	
fam-immokalee@centurylink.net		V
E-mail address: (to b	e used for future annual report notification)	
For further information concerning this matter, p	olease call:	
Arnold Leslie Coones	239 404-6937	
(Name of Contact F		Telephone Number)
Enclosed is a check for the following amount ma	ade payable to the Florida Department of State:	
□ \$35 Filing Fee □\$43.75 Filing F Certificate of St	ce & □S43.75 Filing Fee & tatus	tus

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

First Assembly of God of Immokalee, Florida, Inc.		
(Name of Corporation as curren	tly filed with the Florida Dept. of State)	
N03000003403	·	
(Document Numb	per of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation adopts the following	
A. If amending name, enter the new name of the corporat	ion:	
Reach Assembly Inc.		
name must be distinguishable and contain the word "corpora "Company" or "Co." may not be used in the name.	tion" or "incorporated" or the abbreviation "Corp." or "Inc."	
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)	P.O. Box 3297 Immokalee, Florida 34143	
D. If amending the registered agent and/or registered office	ce address in Florida, enter the name of the	
new registered agent and/or the new registered office a		
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
	, Florida	
	(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered	Agent:	
I hereby accept the appointment as registered agent. I am fa		
<i>S</i>	ignature 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	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		<u> </u>	
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05/22/2019	
The date of each amendment(s) adoption:late this document was signed.	, if other than the
05/22/2019	
Effective date if applicable: (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and the number of votes cast for the amendment was/were sufficient for approval.	nt(s)
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/we adopted by the board of directors.	re
05/22/2019 Dated	
Signature	
(By the chairman or vice chairman of the board, president or other officer-if direct have not been selected, by an incorporator – if in the hands of a receiver, trustee, other court appointed fiduciary by that fiduciary)	
Arnold Leslie Coones	
(Typed or printed name of person signing)	_
Reverend - Pastor	
(Title of person signing)	_

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