## N040000176

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPO	PRATION: The Church	n of Heaven's Hav	west, Inc
DOCUMENT NUM	BER: No 400000	176	
The enclosed Article	s of Amendment and fee are sub	omitted for filing.	
Please return all corr	espondence concerning this mat	ter to the following:	
	Rayword Walian (Name of	Contact Person)	<del></del>
	teaven's Harvest	- n/ Company)	
	P.O. BOX 29	1259 Address)	<del></del>
	Tamper F1 33	687 te and Zip Code)	
fo	E-mail address: (10 be use	Q Yahoo- Com d for future annual report notifica	ation)
For further information	on concerning this matter, pleas	e call:	
Raymond \(\)(Name	of Contact Person)	at ( <u>813</u> ) <u>956</u> (Area Code & Daytir	-8565 ne Telephone Number)
Enclosed is a check f	or the following amount made p	payable to the Florida Department	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)
Ame	ing Address  ndment Section  ion of Corporations	Street Address Amendment Section Division of Corporation	,

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## **Articles of Amendment** to Articles of Incorporation of

The Church of Hewen's t	the Florida Dent. of State)			
NO40000176 (Document Number of Corporate				
Pursuant to the provisions of section 617.1006, Florida Statutes the following amendment(s) to its Articles of Incorporation:	FLORE			
A. If amending name, enter the new name of the corporation  Forbiden To fail World  The new name must be distinguishable and contain the world abbreviation "Corp." or "Inc." "Company" or "Co." may not	dwide Inc. "corporation" or "incorporated" or the			
B. <u>Euter new principal office address</u> , if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	8889 N 56 th speed Tampa, F133617			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.o. Box 291259 Tumpa, F1 33687			
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad-				
•	rl Williams, D			
New Registered Office Address: (Flor	16th Street ida street address)			
Tampa	, Florida <u>F1</u> 33612 (City) (Zip Code)			
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am				
position.  Signature of New	Registered Agent, if changing			
Page Lof 3				

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
_D	Conceptia Geffar	15420 Living Ston AP+ 310 Lu+2, F1 33559	Add Add Remove
D	Athena Hawkins	1452 Villena A APT 101 Tampa, F1 33 612	Add Remove
<del></del>	<del></del>		_
	ding or adding additional Articles, enter		
<del></del>			

The date of each amendment(s) a	adoption: <u>July 10, 09</u>
Effective date <u>if applicable</u> :	(date of adoption is required)
Effective date <u>if applicable</u> .	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were ac was/were sufficient for approva	dopted by the members and the number of votes cast for the amendment(s)
There are no members or mem adopted by the board of director	obers entitled to vote on the amendment(s). The amendment(s) was/were ors.
Dated J414	(17,09
Signature	Bond
(By the have no	chairman or vice chairman of the board, president or other officer-if directors of been selected, by an incorporator – if in the hands of a receiver, trustee, of our appointed fiduciary by that fiduciary)
_	Raymond Williams (Typed or printed name of person signing)
	(Title of person signing)

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