## 104000001558

	(Requestor's Name)	
	(Address)	<del></del>
	(Address)	_
	(City/State/Zip/Phone #)	
PICK-UF	WAIT	MAIL
	(Business Entity Name)	<del></del>
	(Document Number)	
Certified Copies	Certificates of S	Status
Special Instructions	to Filing Officer:	





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Amend

MAR 1 8 2013

T. BROWN

## **COVER LETTER**

TO: Amendment Section

Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

NAME OF CORPORATION: CHURCH OF GOD CHRISTIAN FELL
DOCUMENT NUMBER: NO40000 1558
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)
CHURCH OF GOD CHRISTIAN FELLOW SHIPING (Firm/Company)
15850 North Hiami Avenue
Miami FL 33169 (City/ State and Zip Code)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
TOHN CONNOC at (786) 260 – 9128.  (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
Mailing Address Amendment Section  Street Address Amendment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

## Articles of Amendment to Articles of Incorporation of

## (Name of Corporation as currently filed with the Florida Dept. of State)

MOU OOO (Document Number of	of Corporation (if known)		_
Pursuant to the provisions of section 617.1006, Flori amendment(s) to its Articles of Incorporation:	, ,	lot For Profit Corporation adopts the	: following
A. If amending name, enter the new name of the	corporation:		
			The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name.		orated" or the abbreviation "Corp."	
B. Enter new principal office address, if applicab	ole:		
(Principal office address <u>MUST BE A STREET AL</u>			- 9
	-		- <u>-</u> ××
	<b>*</b>		- <b>3</b> CR
C. Enter new mailing address, if applicable:			R STATE
(Mailing address MAY BE A POST OFFICE B	<u></u>		_ 70 37 5
			3 RP C
	<del></del>		- :: CR. ST. ST. ST. ST. ST. ST. ST. ST. ST. ST
			- <b>55</b>
D. If amending the registered agent and/or regist new registered agent and/or the new registere		orida, enter the name of the	n in
Name of New Registered Agent:			
		<del> </del>	
New Registered Office Address:	(Florida street addr	ess)	
		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Re			
I hereby accept the appointment as registered agent.	I am familiar with and a	accept the obligations of the position.	
	*		
Signature of N	vew Registered Agent, if ch	nanging	

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	PT         John D           V         Mike J           SV         Sally S	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Add Remove	2	JOHN CONNOR	15850 N.Miami AVC Hiami FL 33169.
2) Change Add Remove	<u> 46</u>	ANA LEE CONNOR	15850 N Miami AVE Miami FL33169
3)	<u>T</u>	GLORIA BODDEN	15850 N. Higmi AVE Migmi FL 33169
4)	S	SAMUEL MARTINE	2 158 50 N. Miami Are Hiami FL 33 169
5) Change Add Remove	$\mathcal{I}$	CAROLINA CAMPBE	Hiami FL33169
6) Change Add Remove	<b>D</b>	Elizabeth Bode	0 15850 N. Miami Ave Miami FL 33169

If amending or adding additional Art (attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)		
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	14/14		
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	<b>*</b>		
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The date of each amendment(s) adoption: March 08, 2013	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted 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 March 08, 2013 Signature Sohn & Souto	
(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)	
John E. Connor  (Typed or printed name of person signing)	
President	

(Title of person signing)