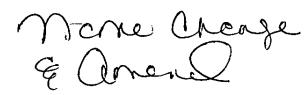
NO4000006561

| (Re | equestor's Name) | |
|-------------------------|--------------------|----------------|
| | | |
| (Ad | ldress) | |
| | | |
| (Ad | Idress) | |
| | | |
| (Cit | ty/State/Zip/Phone | +) |
| _ | _ | |
| PICK-UP | MAIT | MAIL |
| | | |
| (Bu | ısiness Entity Nan | ne) |
| | | |
| (Do | ocument Number) | |
| | | |
| Certified Copies | Certificates | of Status |
| | | |
| Connection An | Filia - Offica | |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

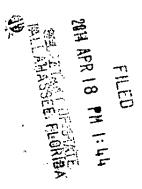
Office Use Only



400258394954



04/18/14--01017--022 **35.00



4 24/14

COVER LETTER

TO: Amendment Section División of Corporations

| NAME OF CORPORATION: Radiant Far | mily Church As | ssembly of God, Inc. |
|--|--|--|
| DOCUMENT NUMBER: NO400006 | 561 | |
| The enclosed Articles of Amendment and fee are subn | nitted for filing. | |
| Please return all correspondence concerning this matte | r to the following: | |
| Anthony Guadalupe | | |
| | (Name of Contact Person |) |
| Rebirth Church, Inc. | | |
| | (Firm/ Company) | |
| 305 Via Castilla, Unit 10 | 1 | |
| | (Address) | |
| St. Augustine, FL 32095 | | |
| | (City/ State and Zip Code | e) |
| fod777@gmail.co | | |
| E-mail address: (to be used | · | otilication) |
| For further information concerning this matter, please | | |
| Jessica Guadalupe | _{at (} 917 | 680-2289 |
| (Name of Contact Person) | (Area Co | ode & Daytime Telephone Number) |
| Enclosed is a check for the following amount made pa | yable to the Florida Depa | rtment of State: |
| \$35 Filing Fee \$\times \$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) |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Amend Divisio Clifton 2661 E | Address ment Section n of Corporations Building xecutive Center Circle assee, FL 32301 |

| | | | EN ED : | |
|--|---|--|---|-------------|
| | | PA kege | R 18 PM 1: 44 | |
| | Articles of | Amendment MALL | NASSEE FEORDA | 7 |
| | Articles of I | to 🔏 | * | |
| · · · · · · · · · · · · · · · · · · · | | | | |
| Name of Corporation as current Radiant Family Church | | | • | |
| | cument Number of Corpor | | | |
| endment(s) to its Articles of Incorpora | tion: | s Florida Not For Pr | ofit Corporation adopt | s the follo |
| If amending name, enter the new note birth Church, Inc. | ame of the corporation: | | , , , , , , , , , , , , , , , , , , , | . , |
| ne must be distinguishable and contai. ompany" or "Co." may not be used in Enter new principal office address, | the name. | or incorporated or | *************************************** | |
| ompany" or "Co." may not be used in Enter new principal office address, | i the name. if applicable: | or incorporated or | *************************************** | * |
| ompany" or "Co," may not be used in | i the name. if applicable: | or incorporated or | | |
| ompany" or "Co." may not be used in Enter new principal office address, | i the name. if applicable: TREET ADDRESS) | ar incorporatea or | | |
| ompany" or "Co." may not be used in Enter new principal office address, incipal office address MUST BE A S | i the name. if applicable: TREET ADDRESS | or incorporated or | | |
| ompany" or "Co." may not be used in Enter new principal office address, incipal office address MUST BE A S Enter new mailing address, if appli | i the name. if applicable: TREET ADDRESS | ar incorporatea or | | |
| Enter new principal office address, incipal office address MUST BE A S Enter new mailing address, if apple (Muiling address MAY BE A POST) | if applicable: TREET ADDRESS icable: OFFICE BOX | drēss in Florida, ente | | |
| ompany" or "Co," may not be used in Enter new principal office address, incipal office address MUST BE A S Enter new mailing address, if applications address MAY BE A POST | if applicable: TREET ADDRESS) icable: OFFICE BOX | dress in Florida; ente | | |
| Enter new principal office address, incipal office address MUST BE A S Enter new mailing address, if apple (Muiling address MAY BE A POST) | if applicable: TREET ADDRESS icable: OFFICE BOX Anthony Guad | dress in Florida, entoss: alupe | | |
| Enter new principal office address, incipal office address MUST BE A S Enter new mailing address, if applications address MAY BE A POST If amending the registered agent an new registered agent and/or the new | if applicable: TREET ADDRESS icable: OFFICE BOX Anthony Guad 305 Via Castil | dress in Florida, entoss: alupe la, Unit 101 | | |
| Enter new principal office address, incipal office address MUST BE A S Enter new mailing address, if applications address MAY BE A POST If amending the registered agent an new registered agent and/or the new | if applicable: TREET ADDRESS icable: OFFICE BOX Anthony Guad 305 Via Castil | dress in Florida, entoss: alupe | | |
| Enter new principal office address, incipal office address MUST BE A S Enter new mailing address, if applications address MAY BE A POST. If amending the registered agent an new registered agent and/or the new Name of New Registered Agent. | if applicable: TREET ADDRESS icable: OFFICE BOX Anthony Guad 305 Via Castil | dress in Florida, entoss: alupe la, Unit 101 | | |

Page 1 of 4

O. COLONGERO Signature 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 <math>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>V</u> <u>Mi</u> | nn Doe ke Jones ly Smith | |
|-----------------------------------|--------------------|--------------------------------|----------------------------|
| Type of Action (Check One) | <u>Title</u> | Name | <u>Addres</u> s |
| 1) Change | <u>P</u> | Anthony Guadalupe | 305 Via Castilla, Unit 101 |
| ·Add | | | St. Augustine, FL 32095 |
| Remove | | | |
| 2) Change | <u>T</u> | Emily Castillo | 3408 S. Ravello Dr. |
| Add | | | St. Augustine, FL 32092 |
| Remove | т | Amantina Rodriguez | 425 La Travesia Flora |
| 3) Change | <u> </u> | 7 thantana realigaez | Unit 103 |
| AddRemove | | | St. Augustine, FL 32095 |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | · |
| Add | | | |
| Remove | | | |

| E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) |
|---|
| (anach adamonal sheets, if necessary). (De specific) |
| N/A |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| · · · · · · · · · · · · · · · · · · · |
| |
| |
| |
| · |
| |
| |
| <u> </u> |
| · |
| <u> </u> |
| |
| |
| |

| | | ست المراج | | • | | | • | |
|--|--|--|-------------------|----------------|---------------|-------------|-------------------|------|
| | ach amendment(s) ado | ption: | . <u>.</u> | ÷ 6 | • | 4 | , if other than t | he |
| | ment was signed. | | | | | | | - |
| | | • • • | | • | | | | |
| Effective date | e <u>if applicable:</u> | | C 1 | 4 h | | | | |
| | | (no more than 90 days o | zier amenament zi | ie aase) | | • .: | | |
| | • | • 1 | | • | | | | • |
| Adoption of A | Amendment(s) | (CHECK ONE) | | | | · | | |
| Ti | | مراه المراجع والمساليين في الماء ا | | ané fou tha nu | a and monthly | • | · | ٠ |
| | nument(s) was/were add sufficient for approval. | pted by the members and the | number of votes o | ast for the at | ienameni(s) | | | |
| ्रिक्ष ywasi word ोदर्भ | sumoiem for approvar. | \$ f | | | | ÷ . | | |
| ☐ There are | e no members or membe | rs entitled to vote on the ame | ndment(s). The a | mendment(s) | was/were | ; , | | |
| | by the board of director | | | | | | | |
| H ₂ | | 5 E | · | . , | | | | |
| | April 15 | 2014 | | | | | v. | |
| | Dated / Pin 10 | Λ . Δ. | | | | · · · · · · | | |
| | Signature A. | suada leelo | | | | | | |
| in the second se | | an or vice chairman of the bo | ard president or | other officer- | f directors | | • | |
| | | selected, by an incorporator | | | | | | . • |
| | | pointed fiduciary by that fidu | | • | | | | |
| | | | | | | 2 | , | |
| | Anthony Gu | uadalupe | | | • | · | > | |
| | (| Typed or printed name of per | son signing) | ; | | , , | | • |
| | President | | ·. | | _ | | | ·. , |
| 1.5 mg (1.5) 1.5 mg (1.5) | | (Title of person sign | ning) | , ,,,,, | | ;; i | | · . |