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PICK-UP	☐ WAIT	MAIL	
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(Document Number)			
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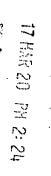


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MAR 23 2017

R. White



COVER LETTER

Division of Corporations which Church, Inc DOCUMENT NUMBER: NO400006561 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Anthony Guadalupe (Name of Contact Person) E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: ■\$35 Filing Fee ■\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy

enclosed)

Mailing Address

TO: Amendment Section

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

(Additional Copy is

Enclosed)

Articles of Amendment to Articles of Incorporation of

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Rebeate Church	Tnc	ं भ उत्ता देः र
(Name of Corporation as curre	ntly filed with the Flo	rida Dept, of State)
MAYMONISION		
(Document Num	ber of Corporation (if k	known)
Pursuant to the provisions of section 617.1006, Florida Statu amendment(s) to its Articles of Incorporation:	tes, this <i>Florida Not Fe</i>	or Profit Corporation adopts the following
A. If amending name, enter the new name of the corpora	tion:	
A) (A)		The new
name must be distinguishable and contain the word "corpor	ation" or "incorporate	
"Company" or "Co." may not be used in the name.		
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>	<u> </u>	
	<u> </u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office	ice address in Florida address:	, enter the name of the
Name of New Registered Agent:		
	(F	lorida street address)
New Registered Office Address:	(,	on ma sir cer addit essy
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am f	d Agent: amiliar with and accep	t the obligations of the position.
	Signature of New Regis	tered 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>Doe</u> <u>Jones</u> <u>Smith</u>	
Type of Action (Check One)	Title	<u>Name</u>	Address
Change Add Remove	ST	Ann E. Moran	697 Markonzie Cir. St. Augustine, FC 32092
2) Change Add Remove	ST	Rachuel M. Solis	13047 Shatwater Rd. Jucksnuite, FL 32258
3) Change Add Remove			
4) Change Add			
Remove 5) Change Add			
Remove 6)ChangeAdd			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)		
AIN		

The date of each amendment(s) ad	option:	, if other than the
date this document was signed.		
Effective date if applicable:		· · · · · · · · · · · · · · · · · · ·
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the De	ck does not meet the applicable statutory filing requirements, this date will partment of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ac was/were sufficient for approva	lopted by the members and the number of votes cast for the amendment(s) l.	
There are no members or members adopted by the board of directors	pers entitled to vote on the amendment(s). The amendment(s) was/were pers.	
Dated 3	115/17	
Signature	Eucopolice C	
have not be	man or vice chairman of the board, president or other officer-if directors en selected, by an incorporator — if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	
An	Hone Guadalupe (Typed or printed name of person signing)	
	Some Pastor	
	(Title of person signing)	

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REBIRTH CHURCH INC 3408 S RAVELLO DR ST AUGUSTINE, FL 32092	1798 B3-751/631 11060 B431941957 DATE 3/16/17
PAY HE OF Florcide Department of	Shake 18 35.00
Wells Fargo Bank, N.A. Florida wells fargo com	DOLLARS DOLLARS
FOR Amend artices of Inc.	· Carly allto
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