N040000 11237

(Req	uestor's Name)	
(Ādd	ress)	
(Add	ress)	
(City	/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Name)	
(Doc	ument Number)	
(===		
Certified Copies	Certificates of	Status
Special Instructions to F	iling Officer:	
		<u> </u>

Office Use Only



300361062573

03/03/21--01017--005 **35.00

· 1110 69

= lulain.

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:Faith Chapel Assembly of God, Inc.
DOCUMENT NUMBER: No4000011237
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Donald A. Leavins Sr.
(Name of Contact Person)
Faith Chapel Assembly of God, Inc.
(Firm/ Company)
8080 South Airport Road
(Address)
Milton, Florida 32583
(City/ State and Zip Code)
faithchapel@mediacombb.net
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Donald A. Leavins Sratat
(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:
S35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee Certificate of Status 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

Street Address
Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the Flor			. ,
N04000011237			
(Document N	lumber of Corporation (if ki	nown)	
Pursuant to the provisions of section 617.1006, Florida S amendment(s) to its Articles of Incorporation:	tatutes, this Florida Not Fo	r Profit Corporation adopts t	he following
A. If amending name, enter the new name of the corp	oration:		
N/A_			The new
name must be distinguishable and contain the word "cor, "Company" or "Co." may not be used in the name.	poration" or "incorporatea	" or the abbreviation "Corp.	" or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR.	N/A ESS)		
	· · · · · · · · · · · · · · · · · · ·		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A		
D. If amending the registered agent and/or registered	office address in Florida,	enter the name of the	ć. j.
new registered agent and/or the new registered off	ice address:		• <u></u>
Name of New Registered Agent:	N/A		- ;
	N/A		<u></u>
New Registered Office Address:		Orida street address)	13123
	N/A	Florida	
	(City)	(Zip Code)	ت
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I as	ered Agent: m familiar with and accept	the obligations of the position	t.
	N/A Signature of New Registe	ered 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	PT John Do V Mike Jo SV Sally Si	ones	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change Add	<u>TR</u>	Jack Lane	5153 Astor Village St.
Remove			Milton, Florida 32570
2) Change Add			
Remove 3) Change Add Remove			
4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add			
E. If amending or adding (attach additional sheet	g additional Artics, if necessary).	cles, enter change(s) here: (Be specific)	

Adoption of Amendment(s)	(CHECK O	NE)			
Note: If the date inserted in this document's effective date on the	block does not meet the Department of State's	e applicable statutory records.	filing requirements, t	this date will not be	listed as the
Effective date if applicable:	February 2 (no more that	24 , 2021 n 90 days after amend	lment file date)		
The date of each amendment(s) date this document was signed.) adoption:	anuary 31, 20	021		if other than the
				. <u> </u>	

			, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		
-					
					
					
			-		
					····
	•				

11 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 February 24,2021
(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)
Donald A. Leavins Sr. (Typed or printed name of person signing)
Minister / Chairman of Board (Title of person signing)