N040000 11237

(Re	equestor's Name)	
(Ac	ddress)	_
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Dx	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
	Q. SILAS	
	APR 1 4 2022	
	KI!	8/22

Office Use Only



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2022 APR -8 PM 6: 4!
SECRETARY OF STATE



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

2022 APR -8 AM 7:58

SECRETA OF COMME TALLAHASSEE, FL

March 17, 2022

DONALD A. LEAVINS SR. 8080 SOUTH AIRPORT ROAD MILTON, FL 32583

SUBJECT: FAITH CHAPEL ASSEMBLY OF GOD CHURCH INC.

Ref. Number: N04000011237

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

If you wish to change the name please list the NEW name of the corporation in SectionA. Pleaseselectonly1dateofadoption. Minutesorcorporate resolutions are not filed with the Division of Corporations and should be kept with the records of the corporation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Silas Regulatory Specialist II

Letter Number: 222A00006403

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Faith Chapel Assembly	y of God Church Inc.
DOCUMENT NUMBER: N04000011237	
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, In	c
(Firm/ Compa	any)
2000 South Airport Road	
8080 .South Airport Road	
(Address)	
Milton, Florida 32583	
(City/ State and Z	ip Code)
faithchanel@mediacombb.net	
faithchapel@mediacombb.net E-mail address: (to be used for future annual	report notification)
For further information concerning this matter, please call:	
For further information concerning this matter, please can.	
Donald A. Leavins Sr.	850-983-7223
	(Area Code) (Daytime Telephone Number)
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florid	da Department of State:
S S35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing F	
Certificate of Status Certified Copy	Certificate of Status y is Certified Copy
(Additional copenciosed)	(Additional Copy is
enciosed)	Enclosed)
	Zileiosqu',
Mailing Address	Street Address
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe \$treet, Suite 810
,	Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of Ch

FILED

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a Dept. of State)>	PH 6: 41.
	SECRETARY OF CTATE
nber of Corporation (if	known LAHASSEF, FI
utes, this <i>Florida Not i</i>	For Profit Corporation adopts the following
ration:7	
	The new
ration" or "incorporal	ted" or the abbreviation "Corp." or "Inc."
N/A	
<u>(S</u>)	
N/A	
	
ffice address in Florid	la, enter the name of the
e address:	
N/A	
	(Florida street address)
	1
N/A	, Florida
(City)	(Zip Code)
ed Agent	
familiar with and acce	pt the obligations of the position.
N/A	
Signature of New Regi	istered Agent, if changing
	nber of Corporation (if utes, this Florida Not in ration:) ration: N/A N/A N/A N/A N/A (City) ed Agent:

			1
	, ,		
and address of each (Attach additional sheet) Please note the officer P = President; V = Vic	Officer and/or D ets, if necessary) Idirector title by the President; T= O = Chief Finance	irector being added: the first letter of the office title: Treasurer; S= Secretary; D= Director; TR= cial Officer. If an officer/director holds mor	Trustee; C = Chairman or Clerk; CEO = Chief te than one title, list the first letter of each office
	leaves the corpo	ration, Sally Smith is named the V and S. Th	the PST and Mike Jones is listed as the V. There is ese should be noted as John Doe, PT as a Change,
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>	<u>Name</u>	<u>Addres</u> s
Change Add	TR	Glen Adkison	6832 Mertis Way Milton, FL. 32583
 X Remove 2) Change Add 	S	John Smith	5157 Ridgeway Blwd. Milton, Ft. 32570
X Remove 3) ChangeX Add Remove	TR	David Holley	6233 Old Bagdad Hwy. Milton, FL. 32583
4) Change Add	TR	Leonard Watson	5176 Astor Village St.Apt.A Milton, FL. 32570
Remove 5) X Change Add	_S	Ronald_Cooley	7412 Earl Cooley Road Milton, Florida 32570
Remove 6) Change Add		 -	
Remove			
E. If amending or ad (attach additional s		Articles, enter change(s) here: y). (Be specific)	

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The date of each amendment(s date this document was signed.) adoption: <u>Becember</u>	021 7, February	6, 2022 ₃	_, if other than the
Effective date if applicables	March 4 2022		1	
Effective date if applicable:	March 4, 2022 (no more than 90 days afte	er amendment file date)	 	
	two more man so anks title	o. amonament pire unic)		
Note: If the date inserted in this document's effective date on the	block does not meet the applicable : Department of State's records.	statutory filing requirement	ts, this date will not t	pe listed as the
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/wer was/were sufficient for app	e adopted by the members and the n	number of votes cast for the	amendment(s)	

T	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 3-4-2022
	Signature Donald & Recurring 88
	(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)

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