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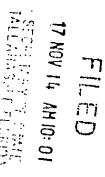
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: THE NEW Universal Church of Deliverance I
DOCUMENT NUMBER: NOSOCOCO 4110
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)
The New Universal Church of Deliverance, Inc
P.O.Box 510.119(e Pactodge, ft
Pockledge, FC 32956 (City State and Zip Code)
Secretary _ 77 @ yalvo. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person) at (321) 242-6098' (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed). \$\sum{2.52.50 Filing Fee & Certificate of Status (Additional copy is enclosed).} \$\sum{2.52.50 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

FILED 17 NOV 14 AM 10: 00

(Name of Corporation as currently filed with the Florida Dept. of State) (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp," or "Inc." "Company" or "Co," may not be used in the name. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: (Florida street address) New Registered Office Address: (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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; CE() = 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>	Name	<u>Addres</u> s
1) Change	0	Derrion Walker	Melbourne, FL 32935
Remove		•	
2) Change Add		Lencil Walker	Melbourne Fl 32935
Remove 3) Change X Add	S <u>,C EO</u> , 1	Nadine Price	4635 N.US Hwy 7 Melbourne, F1 32935
Remove 4) Change Add	· 		
Remove Change Add			
Remove			
6) Change			
Remove			

If amending or adding additional Arti attach additional sheets, if necessary).	(Be specific)				
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The date of each amendment(s) addate this document was signed.	doption:	, if other than the
Effective date <u>if applicable</u> :		
	(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 partment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
was/were sufficient for approva		
adopted by the board of directo	pers entitled to vote on the amendment(s). The amendment(s) was rs.	/were
Dated	9-17	
Signature	Allows	
have not bee	nation vice chairman of the board, president or other officer-if din selected, by an incorporator – if in the hands of a receiver, trust ppointed fiduciary by that fiduciary)	rectors ee, or
<u>I</u>	(Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	