

14500001114

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(Address)

(City/State/Zip/Phone #)

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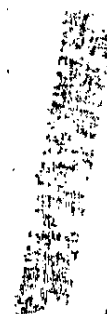
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Amend  
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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** IGLESIA MOVIMIENTO DE VIDA Y PODER 1RA COR

**DOCUMENT NUMBER:** N05000011194

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Juan M. Sanchez  
(Name of Contact Person)

(Firm/ Company)

6710 St. Johns Ave. Apt. 423  
(Address)

Palatka, FL 32177  
(City/ State and Zip Code)

MVPInterlachenFL@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Juan M. Sanchez at ( 386 ) 972-3323  
(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:

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>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  
of

**IGLESIA MOVIMIENTO DE VIDA Y PODER 1RA CORINTIOS 2:5, INC.**

(Name of Corporation as currently filed with the Florida Dept. of State)

**N05000011194**

(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:**

*The new 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)

PO BOX 2103

INTERLACHEN, FL 32148

**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:

LESLIE A. SANCHEZ

1114 ANNETTE AVE.

New Registered Office Address:

(Florida street address):

INTERLACHEN

(City)

Florida 32148

(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

(Attach additional sheets, if necessary).

**E. If amending or adding additional Articles, enter change(s) here:**

(attach additional sheets, if necessary). (Be specific)

*[The page contains faint horizontal lines, suggesting it was part of a lined notebook or document.]*

The date of each amendment(s) adoption: JUNE 21, 2010

*(date of adoption is required)*

Effective date if applicable: JUNE 21, 2010

*(no more than 90 days after amendment file date)*

Adoption of Amendment(s)

**(CHECK ONE)**

- ☐ 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 JUNE 21, 2010

Signature 

(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)

SANCHEZ, JUAN M

(Typed or printed name of person signing)

P

(Title of person signing)