

ND60DDDD1649

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000252099250

10/21/13--01017--006 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 NOV 13 PM 12:29

Amend
(1a 11.14.13

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: THE TEACHINGS OF THE ANGELIC HOST
WITHIN THE GREAT CENTRAL SUN, INC.

DOCUMENT NUMBER: NO6000001649

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

Please return all correspondence concerning this matter to the following:

LINDA BISHOP

(Name of Contact Person)

THE TEACHINGS OF THE ANGELIC HOST WITHIN THE
(Firm/ Company)
GREAT CENTRAL SUN, INC.

1642 HOLLY OAKS LAKE RD. EAST

(Address)

JACKSONVILLE FLORIDA 3225

(City/ State and Zip Code)

lindaryanbishop@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LINDA BISHOP

(Name of Contact Person)

at (904) 994-8948

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 25, 2013

LINDA BISHOP
THE TEACHINGS OF THE ANGELIC HOST
1642 HOLLY OAKS LAKE ROAD EAST
JACKSONVILLE, FL 32225

SUBJECT: THE TEACHINGS OF THE ANGELIC HOST WITHIN THE GREAT
CENTRAL SUN INC.

Ref. Number: N06000001649

We have received your document for THE TEACHINGS OF THE ANGELIC
HOST WITHIN THE GREAT CENTRAL SUN INC. and your check(s) totaling
\$35.00. However, the enclosed document has not been filed and is being
returned for the following correction(s):

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

The document is illegible and not acceptable for imaging.

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 613A00024987

Articles of Amendment
to
Articles of Incorporation
of

THE TEACHINGS OF THE ANGELIC HOST WITHIN THE GREAT CENTRAL SUN, INC

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

NO 6000001649

(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)

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:

_____, Florida _____
(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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 NOV 13 PM 12:22

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u>	<u>Title</u>	<u>Name</u>	<u>Address</u>
(Check One)			

1) <input type="checkbox"/> Change	<u>VPD</u>	<u>GALE TRIPLET</u>	<u>2512 GRASSHOPPER LN</u>
<input type="checkbox"/> Add			<u>ORANGE PARK FLORIDA</u>
<input checked="" type="checkbox"/> Remove			<u>32073</u>

2) <input type="checkbox"/> Change	<u> </u>	<u> </u>	<u> </u>
<input type="checkbox"/> Add			<u> </u>
<input type="checkbox"/> Remove			<u> </u>

3) <input type="checkbox"/> Change	<u> </u>	<u> </u>	<u> </u>
<input type="checkbox"/> Add			<u> </u>
<input type="checkbox"/> Remove			<u> </u>

4) <input type="checkbox"/> Change	<u> </u>	<u> </u>	<u> </u>
<input type="checkbox"/> Add			<u> </u>
<input type="checkbox"/> Remove			<u> </u>

5) <input type="checkbox"/> Change	<u> </u>	<u> </u>	<u> </u>
<input type="checkbox"/> Add			<u> </u>
<input type="checkbox"/> Remove			<u> </u>

6) <input type="checkbox"/> Change	<u> </u>	<u> </u>	<u> </u>
<input type="checkbox"/> Add			<u> </u>
<input type="checkbox"/> Remove			<u> </u>

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

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(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 10-15-13

Signature Linda Bishop
(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)

LINDA BISHOP
(Typed or printed name of person signing)

PD
(Title of person signing)