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SECRETARY OF STAIL DIVISION OF CORPORATIONS

Anund

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: Riverhills Chur	ch of God	
DOCUMENT NUMB	BER: N06000006775		
The enclosed Articles	of Amendment and fee are sub	mitted for filing.	
Please return all corres	pondence concerning this matt	er to the following:	
		na Thomas	
	(Name of	Contact Person)	
	Riverhills	Church of God	
	(Firm	Company)	
	6310 E.	Sligh Avenue	
	(A	(ddress)	
	Tampa	, FL 33617	
	(City/ State	e and Zip Code)	
		priverhills.org	
		for future annual report notifica	ition)
For further information	concerning this matter, please	call:	
Kevina Thomas		at (<u>813</u>) <u>985-238</u>	8, ext 233
(Name o	f Contact Person)	(Area Code & Daytin	ne Telephone Number)
Enclosed is a check for	the following amount made pa	ayable to the Florida Department	of State:
☑ \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	□ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amend Divisio P.O. Bo	g Address ment Section n of Corporations ox 6327 ssee, FL 32314	Street Address Amendment Section Division of Corporatio Clifton Building 2661 Executive Center	ns

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

	Riverhills Church of God, Inc.
(Name	of Corporation as currently filed with the Florida Dept. of State
	N06000006775
	(Document Number of Corporation (if known)

(Name of Corporation as curr	entry med with t	ne riorida Dept. oi Sta	ite)	
N06	8000006775			
(Document Nu	mber of Corporati	on (if known)		
Pursuant to the provisions of section 617.1006 the following amendment(s) to its Articles of I	, Florida Statutes, ncorporation:	this Florida Not For P	rofit Corporatio	n adopts
A. If amending name, enter the new name of	of the corporation	<u>ı:</u>		
The new name must be distinguishable and cabbreviation "Corp." or "Inc." "Company" or	contain the word or "Co." may not	"corporation" or "inco	orporated" or 1	he
B. Enter new principal office address, if app (Principal office address MUST BE A STREE				—
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI			11 OCT -	SECRETAL DIVISION OF
D. If amending the registered agent and/or i	registered office	address in Florida, ent	er the name of	RY OF STAIL CORPORATION
new registered agent and/or the new regi	stered office add	ress:		<u> </u>
Name of New Registered Agent:	Der	nnis Jones	_	
New Registered Office Address:		. Sligh Avenue	-	
	Ta	mpa, FL (City)	_, Florida 336° (Zip Code)	<u>17</u>
New Registered Agent's Signature, if changing I hereby accept the appointment as registered position.	d agent. I am f	tent: amiliar with and acception Registered Agent, if chain		is of the
	Page 1 of 3			

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)

<u>Title</u>	Name	Address	Type of Action
<u>P</u>	Thomas A. Smith	6310 E. Sligh Avenue Tampa, FL 33617	
<u>P</u>	Asofouvale Pili	6310 E. Sligh Avenue Tampa, FL 33617	
			Add Remove
E. <u>If amend</u> (attach ad	ing or adding additional Articles, editional sheets, if necessary). (Be s	nter change(s) here:	
	·		
			
			

The date of each amendmen	t(s) adoption: 10/02/2011
Effective date <u>if applicable</u> :	(date of adoption is required) 10/01/2011
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we was/were sufficient for app	ere adopted by the members and the number of votes cast for the amendment(s) roval.
There are no members or adopted by the board of di	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.
Dated 10/0	2/2011
Signature	NW Jones
(By	the chairman or vice chairman of the board, president or other officer-if director re not been selected, by an incorporator – if in the hands of a receiver, trustee, er court appointed fiduciary by that fiduciary)
	Dennis Jones
	(Typed or printed name of person signing)
	ASD
	(Title of person signing)