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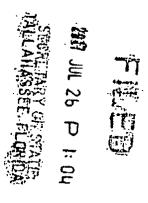
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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION	GATEWAY APOSTO	OLIC MINISTRIES I	NC	
	N06000012644			
DOCUMENT NUMBER:			<del></del>	
The enclosed Articles of Am	nendment and fee are subm	itted for filing.		
Please return all corresponde	ence concerning this matter	to the following:		
WILLIAM DICKERSON				
	(	Name of Contact Per	rson)	· • • • • • • • • • • • • • • • • • • •
GATEWAY APOSTOLIC	MINISTRIES INC			
		(Firm/ Company)		
6297 HOLIDAY DR.			i	
		(Address)	:	
SPRING HILL, FL 34606				
	(1	City/ State and Zip C	ode)	
APOSTLEBILLI@GMAIL	СОМ			
	-mail address: (to be used f	or future annual repo	rtnotification	)
For further information conc				
WILLIAM DICKERSON			609	703-3622
	(Name of Contact Person)	at (		(Daytime Telephone Number)
Enclosed is a check for the f				·
			•	
■ \$35 Filing Fee	□\$43.75 Filing Fee & □ Certificate of Status	3\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifie Certifie	cate of Status ed Copy ional Copy is
Mailing Address		Stre	et Address	
Amendment Section		Amendment Section		
Division o P.O. Box (	of Corporations		sion of Corpo	rations
	ee, FL 32314		ton Building I Executive Co	enter Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

GATEWAY APOSTOLIC MINISTRIES INC

(Name of Corporation	as currently filed with the Florida	Dept. of State)
N06000012644	1	
(Docu	nent Number of Corporation (if know	n)
Pursuant to the provisions of section 617.1006, Flo amendment(s) to its Articles of Incorporation:	rida Statutes, this <i>Florida Not For Pr</i>	rofit Corporation adopts the following
A. If amending name, enter the new name of the	e corporation:	
N/A		The new
name must be distinguishable and contain the word "Company" or "Co," may not be used in the nam		r the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applica		
(Principal office address <u>MUST BE A STREET A</u>	I <u>DDRESS</u> )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX) N/A	
	<del></del>	
D. If amending the registered agent and/or regi	stered office address in Florida, ent	or the name of the
new registered agent and/or the new register		VI the hame of the
Name of New Registered Agent:	WILLIAM DICKERSON	
	6297 HOLIDAY DR.	
New Registered Office Address:		i street address)
	SPRING HILL	Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing I	Registered Agent:	
hereby accept the appointment as registered agen		obligations of the position.
_	Wellian Loberse	
	Signatule of New Registered	Agent, if changing,
	Page 1 of 4	L 26 ASSER

P = President; V = Violation	r/director title by to se President; T= 7 O = Chief Financo	ial Officer. If an officer/director holds m	R= Trustee; C = Chairman or Clerk; CEO = Chief ore than one title, list the first letter of each office
	leaves the corpora	ition, Sally Smith is named the $V$ and $S_{lpha}$ 7	as the PST and Mike Jones is listed as the V. There is These should be noted as John Doe, PT as a Change,
Example: $\underline{X}$ Change $\underline{X}$ Remove $\underline{X}$ Add	<u>V</u> <u>Mike</u>	<u>i Doe</u> e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	T,S,D	REV KYLE O'HALLORAN	16168 CUTTERS CT
Add X Remove			FT. MYERS, FL 33908
2) Change	T.S.D	JENNIFER GATNER	6297 HOLIDAY DR.
X Add			SPRING HILL, FL 34606
Remove		ı	
3) Change		<del></del>	
Add			
Remove			<del></del>
4) Change			
Add		1	
Remove			
5) Change			
Add			
Remove			<del></del>
6) Change			
Add		l	*****
Remove			

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:

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)			
N/A	1		
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	<del></del>		
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	·		

	N/A		
The	e date of each amendment(s) adoption:	)	, if other than the
date	e this document was signed.	i	
	N/A		
Eff	ective date <u>if applicable</u> :		
	(no more than 90 days after o	imendment file date)	
	te: If the date inserted in this block does not meet the applicable state nument's effective date on the Department of State's records.	utory filing requirements, this date will not	t be listed as the
Ado	option of Amendment(s) (CHECK ONE)		
	The amendment(s) was/were adopted by the members and the numbers was/were sufficient for approval.	per of votes cast for the amendment(s)	
	There are no members or members entitled to vote on the amendme adopted by the board of directors.	ent(s). The amendment(s) was/were	
	Dated 7/24/17	ı	
	Signature William Wiekerun		
	(By the chairman or vice chairman of the board,	president or other officer-if directors	<del></del>
	have not been selected, by an incorporator - if i	n the hands of a receiver, trustee, or	
	other court appointed fiduciary by that fiduciary	')	
	WILLIAM DICKERSON		
		<del></del>	
	(Typed or printed na	me of person signing)	
	PRESIDENT		
	(Title of	person signing)	
		,	