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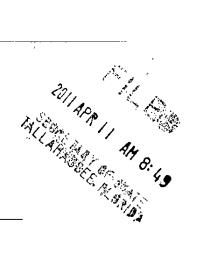
## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: Majestic Wor	ship Ce	nter, Inc.		
DOCUMENT NUM	BER: <u>N07000003111</u>				
The enclosed Articles	of Amendment and fee are su	bmitted fo	r filing.		
Please return all corre	spondence concerning this ma	tter to the	following:		
		orge Holi			
	(Name o	of Contact	Person)		
	Majestic W	orship C	enter, Inc.		
	(Firr	n/ Compai	ny)		
	1612 S	ilhouette	Drive		
	- (	(Address)			
	Clermon	t Florida	34711		
<del></del>		ate and Zip		. <u> </u>	<del></del>
	mwcpas	tor@gma	ail.com		
	E-mail address: (to be use	ed for futu	re annual rep	ort notificati	on)
For further informatio	n concerning this matter, pleas	se call:			
George Holiday		at (	407	516-9984	
(Name	of Contact Person)	\_	(Area Cod	e & Daytime	Telephone Number)
Enclosed is a check fo	r the following amount made p	payable to	the Florida I	Department o	of State:
□\$35 Filing Fec	□ \$43.75 Filing Fee & Certificate of Status	Certif	3.75 Filing Filed Copy itional copy is sed)		☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	ng Address		Street Add		is cholosed)
	Iment Section on of Corporations		Amendme	nt Section f Corporations	•
P.O. B	ox 6327		Clifton Bu		
	assee, FL 32314			utive Center C	Circle

Tallahassee, FL 32301

## **Articles of Amendment Articles of Incorporation** of



Majestic Worship Center, Inc.	•
(Name of Corporation as currently filed with the Flori	da Dept. of State)
N0700003111	
(Dogument Number of Composition (if kn	(aum)

a. If amending name, enter the new name of	the corporatio	<u>n:</u>		
he new name must be distinguishable and co. bbreviation "Corp." or "Inc." <mark>"Company" or</mark>			corporated" or the	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS		1612 Silhouette Drive		
		Clermont, Florida 34711		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1612 Silhouette D	rive	
		Clermont, Florida	34711	
. If amending the registered agent and/or re new registered agent and/or the new regist			nter the name of the	
	cieu office auc	<u> </u>		
Name of New Registered Agent:				
	1612 S	Silhouette Drive	<del></del>	
		Silhouette Drive		
Name of New Registered Agent:	(Flori		, Florida <u>34711</u> (Zip Code)	

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
D	Vincent McCray		
D	LaTonya McCray		
· · · · · · · · · · · · · · · · · · ·			
E. <u>If amen</u> (attach a	ding or adding additional Articles, endditional sheets, if necessary). (Be specified)	nter change(s) here: pecific)	
		And the second later and the s	
	· · · · · · · · · · · · · · · · · · ·		

The date of each amendmen	t(s) adoption: April 5, 20011
Effective date <u>if applicable</u> :	April 5, 2011 (date of adoption is required)
	(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) proval.
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.
hav	the chairman or vice chairman of the board, president or other officer-if directors e not been relected, by an incorporator – if in the hands of a receiver, trustec, or er court appointed fiduciary by that fiduciary)
	George Holiday  (Typed or printed name of person signing)
	Chairman of the Board
	(Title of person signing)