10000003256

(Re	equestor's Name)		
(Ac	ldress)		
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(Ci	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
<u>(В</u> и	usiness Entity Nan	ne)	
(Document Number)			
Certified Copies	Certificates	of Status	
Special Instructions to	Filing Officer:		





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Anund (1.9.15)

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:	d of Revelation of	St. Augustine Road, Inc.			
DOCUMENT NUMBER: N0700003	256				
The enclosed Articles of Amendment and fee are sub-	mitted for filing.				
Please return all correspondence concerning this matter to the following:					
Dale S. Wilson					
	(Name of Contact Persor)			
Dale S. Wilson, P.A.					
	(Firm/ Company)				
PO Box 1808					
	(Address)				
Green Cove Springs, FL	32043				
	(City/ State and Zip Code	e)			
wilsdale@bellsou	th.net				
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please	call:				
Dale S. Wilson	_{at (} 904	284-5618			
(Name of Contact Person)		de & Daytime Telephone Number)			
Enclosed is a check for the following amount made payable to the Florida Department of State:					
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$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	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301			

Articles of Amendment to Articles of Incorporation of



Church of God of Revelation	of St. A	lugustine Road, Inc.	. 7/
(Name of Corporation as currently filed	l with the Flo	rida Dept. of State)	
N07000003256			
(Document)	Number of Co	orporation (if known)	
Pursuant to the provisions of section 617.1006, Famendment(s) to its Articles of Incorporation:	Florida Statute	es, this <i>Florida Not For Profit Corporati</i>	on adopts the following
A. If amending name, enter the new name of	the corporati	ion:	
N/A			The new
name must be distinguishable and contain the we "Company" or "Co." may not be used in the na		tion" or "incorporated" or the abbrevia	tion "Corp." or "Inc."
		n/a	
B. Enter new principal office address, if appli (Principal office address MUST BE A STREET			
	,		
C. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFIC	E BOX)	n/a	
D. If amending the registered agent and/or re new registered agent and/or the new registered.	egistered offic	e address in Florida, enter the name o	f the
2/2		udress:	
Name of New Registered Agent: 111 a			
		(CL) (
New Registered Office Address:		(Florida street address)	
		, Florida	
	(City)	, riorida	(Zip Code)
New Registered Agent's Signature, if changing	g Registered	Agent:	
hereby accept the appointment as registered ag	gent. I am far	miliar with and accept the obligations of	the position.
Sign	ature of New .	Registered Agent, if changing	

Page 1 of 4

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: XChange X Remove X Add	<u>V</u> <u>Mik</u>	n <u>Doe</u> te Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	TD	Pierrelous, Christiane	4017 St. Augustine Road
Add X			Jacksonville, FL 32207
Remove			
2) Change	SD	Francois, Sammuel	4017 St. Augustine Road
Add			Jacksonville, FL 32207
Remove 3) Change	SD	Michel, Immense	4017 St. Augustine Road
Add X			Jacksonville, FL 32207
Remove			
4) Change	TD	Joesil, Marthe V	4017 St. Augustine Road
X Add			Jacksonville, FL 32207
Remove			
5) Change	SD	Richemond, Frederick	7411 Volley Dr. N.
X Add			Jacksonville, FL 33277
Remove			
6) Change	SD	Martineau, Eval	5800 Barnes Rd #63
X_Add			Jacksonville, FL 32216
Remove			

It amending or adding additional Artication and Artication and additional sheets, if necessary).	(Be specific)		
_	_		
	<u> </u>	. <u> </u>	
-			

	e tlate of each amendment(s) adoption:	, if other than the
date	te this document was signed.	
Effe	fective date if applicable:	
	(no more than 90 days after amendment file date)	
Ado	loption of Amendment(s) (CHECK ONE)	
	The amendment(s) was/were adopted by the members and the number of votes cast for the amendmen was/were sufficient for approval.	t(s)
	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/wer adopted by the board of directors.	е
	Dated <u>April</u> 2,2015	
	Signature Flow Charles	
	(By the chairman or vice chairman of the board, president or other officer-if directed have not been selected, by an incorporator — if in the hands of a receiver, trustee, content court appointed fiduciary by that fiduciary)	
	Jean Charles	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	