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R. WHITE
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COVER LETTER

*TO: Amendment Section Division of Corporations

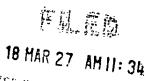
NAME OF CORPORATION	Good News Assembly	y of God Incorporated		
DOCUMENT NUMBER:	NO7000003827		,	
The enclosed Articles of An	nendment and fee are subm	itted for filing.		
Please return all corresponde	ence concerning this matter	to the following:		
Cheryl Blose		n		
	(Name of Contact Pers	on)	
		(Firm/ Company)	<u> </u>	
35 Tuscany Trace				
		(Address)		
Crawfordville, Florida 3232	27			
	(City/ State and Zip Co	ode)	
Sophielyn24@nettally.com				
	-mail address: (to be used	for future annual repor	t notification)
For further information conc	erning this matter, please c	ali:		
Cheryl Blose		8 at	350-544-0814	ı
	(Name of Contact Person)		Area Code)	(Daytime Telephone Number)
Enclosed is a check for the f	ollowing amount made pay	able to the Florida De	partment of S	State:
☐ \$35 Filing Fee	□\$43.75 Filing Fee & 5 Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	Filing Fee cate of Status ed Copy is constant Copy is sed)

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

Articles of Amendment to **Articles of Incorporation** of



•	of	10 ПАК 27 AM II:
Good News Assembly of God Incorporated		of State) The state of the stat
(Name of Corporation as curren	tly filed with the Florida Dept.	of State)
NO700003827		•
(Document Numb	per of Corporation (if known)	
Fursuant to the provisions of section 617.1006, Florida Statute mendment(s) to its Articles of Incorporation:	es, this <i>Florida Not For Profit C</i>	orporation adopts the following
. If amending name, enter the new name of the corporat	ion:	
Springs of Hope Church, Incorporated		The new
name must be distinguishable and contain the word "corporal" "Company" or "Co." may not be used in the name.	tion" or "incorporated" or the a	bbreviation "Corp." or "Inc."
	N/A	
B. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	N/A	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		
). If amending the registered agent and/or registered offi	ce address in Florida, enter the	name of the
new registered agent and/or the new registered office a		
Name of New Registered Agent:		
New Registered Office Address:	(Florida street	address)
•		Elo-ido
	(City)	, Florida (Zip Code)
		• •
New Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am fa	Agent: amiliar with and accept the obliga	ations of the position.
nervey accept the appointment as registered agent. I am ju		
	Signature of New Registered Ager	nt, if changing

If amonding 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: X Change X Remove X Add	<u>V</u> <u>M</u>	hn Doe ike Jones Illy Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	D	Michael Jenkins	46 Shepards Easement
Add			Crawfordville, Florida 32327
Remove			
2) Change	D	Arnold T. Green	243 Mill Creek Road
x Add			Crawfordville, Florida 32327
Remove			
3) Change	D	Bobby Thompson	4792 Highway 90
Add		•	Marianna, Florida 32446
X Remove			
4) X Change	<u> TD</u>	Cheryl Blose	35 Tuscany Trace
Add			Crawfordville, Florida 32327
Remove			
5) Change	D	Sandy McPhaul	279 McPhaul Road
XAdd			Crawfordville, Florida 32327
Remove			
6) Change			
Add			
Remove			

he date of each amendment ate this document was signed	· · · · · · · · · · · · · · · · · · ·	, if other than the
Effective date <u>if applicable</u> :	April 1, 2018	
	(no more than 90 days after amendment file date)	
	nis block does not meet the applicable statutory filing requirements, this date will not be the Department of State's records.	listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/w was/were sufficient for ap	vere adopted by the members and the number of votes cast for the amendment(s) oproval.	
There are no members or adopted by the board of o	members entitled to vote on the amendment(s). The amendment(s) was/were directors.	
March Dated	h 14, 2018	
0,5,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	neryl Blose	
have n	c chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)	
Ch	eryl Bose	
	(Typed or printed name of person signing)	
Tre	easurer/Director	
	(Title of person signing)	