

No 7000005030

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

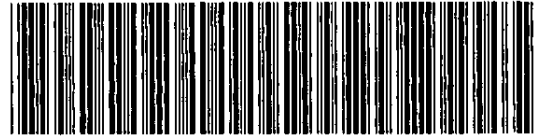
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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Answer

06/29/12--01007--010 **35.00

FILED
2012 AUG -3 PM 4:15
SECRETARY OF STATE
TALLAHASSEE FLORIDA

*00789, 00524, 00671 ⁰⁰¹² 8/10/12

*Corrected!
Thanks. ☺*



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 3, 2012

Maribel Jaime
Iglesia Cristiana Casa Del Altisimo, Inc
P.O. Box 2683
Davenport, FL 33837

SUBJECT: IGLESIA CRISTIANA CASA DEL ALTISIMO, INC.
Ref. Number: N07000005030

We have received your document for IGLESIA CRISTIANA CASA DEL ALTISIMO, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You may file Articles of Amendment in order to remove Maria Gonzalez as an officer. I have enclosed the correct form for you to fill out and return to us. You can not file a resignation of officer form without Maria's signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey
Regulatory Specialist II

Letter Number: 212A00018009

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: IGLESIA CRISTIANA CASA DEL ALTISIMO, INC.

DOCUMENT NUMBER: N07000005030

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARIBEL JAIME

(Name of Contact Person)

IGLESIA CRISTIANA CASA DEL ALTISIMO, INC.

(Firm/ Company)

P.O. BOX 2683

(Address)

DAVENPORT, FLORIDA 33837

(City/ State and Zip Code)

mjaimedavenport@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIBEL JAIME

(Name of Contact Person)

at **352 874-4966**

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

IGLESIA CRISTIANA CASA DEL ALTISIMO, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

N07000005030

(Document Number of Corporation (if known))

FILED

2012 AUG -3 PM 4: 15

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Pursuant to the provisions of section 617.1006, Florida Statutes, this **Florida Not For Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

N/A

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

N/A

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

N/A

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

N/A

(Florida street address)

New Registered Office Address:

(City)

, Florida

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Page 2 of 4

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

N/A

The date of each amendment(s) adoption: 06/20/2012

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

- ☒ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- ☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated JULY 30, 2012

Signature _____

(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

MARIBEL JAIME

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)