N08000004828

(Re	equestor's Name)	
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(Bu	siness Entity Nan	ne) ·
· (Do	cument Number)	
Certified Copies Certificates of Status		
Special Instructions to	Filing Officer:	* * * * * * * * * * * * * * * * * * * *
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SECRETARY OF STATE TALL AHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Church of God of Prophecy of De Las
DOCUMENT NUMBER: 8000004828
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Donald R Swines (Name of Contact Person)
(Firm/ Company)
1106 E. Minnesota Ave
De Land, F1 32724 (City/State and Zip Code)
donald r Swiney & bell south, net E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Donald R Swiney at (386) 956-4660 (Name of Contact Person) (Area Code & 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 & □\$52.50 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

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Church of God	of Pro	Phecyot	Deland	
(Name of Corporation as curr			tate)	
	0000 48			
(Document Nu	mber of Corporat	ion (if known)		
Pursuant to the provisions of section 617.1006 the following amendment(s) to its Articles of I		, this <i>Florida Not For I</i>	Profit Corporation adopts	;
A. If amending name, enter the new name of	of the corporatio	n:		
The new name nust be distinguishable and o	contain the word	"corporation" or "inc	corporated" or the	
abbreviation "Corp." or "Inc." <u>"Company"</u>	or "Co." may not	t be used in the name.		
B. Enter new principal office address, if ap (Principal office address MUST BE A STREE		~/A	9	SECRI
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)		N/A	OCT -1 PHIO.	HASSEE FLUNG
D. If amending the registered agent and/or new registered agent and/or the new reg			nter the name of the	
Name of New Registered Agent:				
New Registered Office Address:	(Flori	ida street address)		
		(City)	, Florida (Zip Code)	
New Registered Agent's Signature, if chang I hereby accept the appointment as registere position.			ept the obligations of the	?
	Signature of New	Registered Agent, if ch	anging	

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>		Address	Type of Action
<u> </u>	 	· · · · · · · · · · · · · · · · · · ·		Add Remove
·····				☐ Remove
				
E. If amer (attach d	eding or adding addition addition additional sheets, if neces	nal Articles, enter c ssary). (Be specific	change(s) here:	
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The date of each amendment(s) adoption: 100507
Effective date if applicable: 10/1/09 (date of adoption is required)
(ho 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 10 - 5 - 09
Signature for ald Survey
(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, o other court appointed fiduciary by that fiduciary)
Typed or printed name of person signing)
<u>President</u> (Title of person signing)