M08000009213

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
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T. BROWN

COVER LETTER

TO: Amendment Section
Division of Corporations

•	
NAME OF CORPORATION:	PENTECOSTAL DE HAINES CITY INC.
DOCUMENT NUMBER: N0800009213	
The enclosed Articles of Amendment and fee are submitted for	filing.
Please return all correspondence concerning this matter to the fo	llowing:
BARBARA I	MARTINEZ
(Name of	Contact Person)
IGLESIA CRISTIANA PENTECOSTA	L QUEBRANTANDO YUGOS INC.
(Firm	n/ Company)
5915 KALO(GRIDIS RD
(,	Address)
HAINES CIT	Y, FL 33844
(City/ Sta	te and Zip Code)
E-mail address: (to be used for future	annual report notification)
For further information concerning this matter, please call:	
ELIZABETH GONZALEZ	863 <u>595-5870</u>
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the	ne Florida Department of State:
	d Copy Certificate of Status onal copy is Certified Copy
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



IGLESIA CRISTIANA PENTECOSTAL DE HAINES CITY INC.

(Name of Corporation as currently filed with the Florida Dept. of State)
N08000009213
(Document Number of Corporation (if known)
rsuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the followendment(s) to its Articles of Incorporation:
If amending name, enter the new name of the corporation:
BLESIA CRISTIANA PENTECOSTAL QUEBRANTANDO YUGOS INC. $_{\it The}$,
ne must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "In ompany" or "Co." may not be used in the name.
Enter new principal office address, if applicable: incipal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
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:
(Florida street address) w Registered Office Address:
, Florida
(City) (Zip Code)
w Registered Agent's Signature, if changing Registered Agent: ereby 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 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:			
X Change	PT John D		
X Remove	V Mike Jo		
X Add	SV Sally S	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti- attach additional sheets, if necessary).	(Be specific)
	
	
	<u> </u>

The date of each amendment(s) adoption: OCTOBER 29 2012 Effective date if applicable:				
Adoption of Amendment(s)	(<u>CHECK ONE</u>)			
The amendment(s) was/were adwas/were sufficient for approval	opted by the members and the number of votes cast for the amendment(s)			
There are no members or memb adopted by the board of director	ers entitled to vote on the amendment(s). The amendment(s) was/were rs.			
Dated Signature	12/10/12			
(By the chair have not bee	nan or vice chairman of the board, president or other officer-if directors n selected, by an incorporator – if in the hands of a receiver, trustee, or ppointed fiduciary by that fiduciary)			
	BARBARA MARTINEZ			
((Typed or printed name of person signing)			
	PRESIDENT			
	(Title of person signing)			