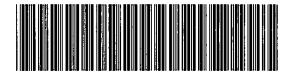
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| Certified Copies | _ Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
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SEP 22 2016 C LEWIS

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

| NAME OF CORPORATION: BELIEVERS HOUSE OF WORSHIP, IN |
|---|
| DOCUMENT NUMBER: NOS ODOS 11401 |
| The enclosed Articles of Amendment and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| HENTON Y. BROWN |
| (Name of Contact Person) |
| BELIEVERS HOUSE OF WORSHIP, INC (Firm/ Company) |
| |
| 7540 103rd St., Swe 102 |
| (Address) |
| Jacksonville FL 32210 |
| (City/ State and Zip Code) |
| POSTOR O COMCOST. Net E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| PASTOR HENTON BROWN at 904 U5U-U5104 (Area Code) (Daytime Telephone Number) |
| Enclosed is a check for the following amount made payable to the Florida Department of State: |
| \$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) \$35 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed) |
| Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building |

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to

FILLU SECRETARY OF STATE DIVISION OF CORDORATION

16

| A | Articles of Incorporation | | |
|---|--|--------------------------|---------------------|
| _ | of | • | .2016 SEP 19 |
| BELIEVERS HOUSE | OF WORSH | IP INC | |
| (Name of Corporation as | currently filed with the Flor | ida Dept. of State) | |
| NØ80000011461 | | | |
| (Document | t Number of Corporation (if kr | nown) | |
| rursuant to the provisions of section 617.1006, Florida mendment(s) to its Articles of Incorporation: | Statutes, this Florida Not For | r Profit Corporation ac | lopts the following |
| . If amending name, enter the new name of the co | | | |
| RATEVERS HOUSE OF K | JURSHIP WORD | MGGAAG (| MISTRY |
| ame must be distinguishable and contain the word "co | orporation" 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: | Som | 0 | |
| Principal office address <u>MUST BE A STREET ADD</u> | | | |
| | | | |
| | | | |
| | | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO) | v Sav | M O | |
| (Maining address MAT DE ATOST OFFICE BOX | <u> </u> | | |
| | *** *** *** *** *** *** *** *** *** ** | _, | |
| | | | |
| | | | |
| . If amending the registered agent and/or register | | enter the name of the | |
| new registered agent and/or the new registered of | onice address: | 0 | |
| Name of New Registered Agent: | <u>Sar</u> | <u>NU</u> | |
| | | | |
| | (Flo | orida street address) | |
| New Registered Office Address: | | | |
| | | , Florida | |
| - | (City) | (Zip C | Code) |
| ew Registered Agent's Signature, if changing Registereby accept the appointment as registered agent. | | the obligations of the p | oosition. |
| | Signature of New Regist | ered Agent, if changing | ? |

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 X Remove X Add | PT John D V Mike J SV Sally S | ones | |
|-----------------------------------|-------------------------------------|--------------------|--|
| Type of Action (Check One) | Title | <u>Name</u> | <u>Addres</u> s |
| 1) Change Add Remove | AVP | KEITH B. HIRD | 8931 <u>Alecdle Point</u> Place Jacksonville FL 30241 |
| 2) Change Add | AVP | JEANETTE M. GRAHAM | Leusoshilon Creek Drive Jacksonille FL 32244 |
| Remove 3) Change Add Remove | <u>C</u> | ERNEST I. ERAHAM | LUES Shiloh Creek Drive Jackschuille FL 32242 |
| 4) Change Add Remove | | | |
| 5) Change Add Remove | | | |
| 6) Change Add Remove | | | |

| E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) | | | | | |
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| The date of each amendment(s) adopti | on: | ERRETARY OF if other than the |
|---|---|---|
| date this document was signed. | | JIVISION OF CORPORATION |
| Effective date if applicable: | (no more than 90 days after amendment file date) | 2016 SEP 19 AM 8: 16 |
| Note: If the date inserted in this block d document's effective date on the Departr | oes not meet the applicable statutory filing requiremenent of State's records. | ents, this date will not be listed as the |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | |
| The amendment(s) was/were adopte was/were sufficient for approval. | ed by the members and the number of votes cast for the | ne amendment(s) |
| ☐ There are no members or members adopted by the board of directors. | entitled to vote on the amendment(s). The amendmen | nt(s) was/were |
| Dated SEPT | - 14, 20/6 | |
| Signature(By the chairman | or vice chairman of the board, president or other offi | cer-if directors |
| have not been so | elected, by an incorporator - if in the hands of a recei- inted fiduciary by that fiduciary) | |
| <u> </u> | (Typed or printed name of person signing) | |
| | A STON / Director (Title of person signing) | |