## 10900000480

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| (Cit                    | ty/State/Zip/Phone | e #)      |
| PICK-UP                 | ☐ WAIT             | MAIL      |
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| (Bu                     | siness Entity Nar  | ne)       |
|                         |                    |           |
| (Do                     | ocument Number)    |           |
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| Certified Copies        | Certificates       | of Status |
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| Special Instructions to | Filing Officer:    |           |
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Office Use Only



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T. LEMIEUX



## COVER LETTER

| Division of Corporations  |
|---|
| NAME OF CORPORATION: Deliverance Christian Conterple  |
| DOCUMENT NUMBER:N0900000 480  |
| The enclosed Articles of Amendment and fee are submitted for filing.  |
| Please return all correspondence concerning this matter to the following:   |
| Frederick McDanel (Name of Contact Person)  |
| (Name of Contact Person)  |
| Deliverance Christian Center, like  |
|   |
| 400 Cahoon RJ S.  |
| (Address)   |
| (Address)  (Address)  (City/ State and Zip Code)  |
| (City/ State and Zip Code)  |
| tancdaniel Oyahov.com   |
| E-mail address: (to be used for future annual report notification)  |
| For further information concerning this matter, please call:  |
| (Name of Contact Person)    Reder icks   Wildensel   at Got 1380942   (Area Code) (Daytime Telephone Number)  |
| (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 \$\Bigcup \\$43.75 Filing Fee \& \Bigcup \\$43.75 Filing Fee \& \Certified Copy \\ (Additional copy is enclosed) \\ (Additional Copy is Enclosed) \\ \Bigcup \\$52.50 Filing Fee \\ 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                                  |



## FLORIDA DEPARTMENT OF STATE Division of Corporations

June 30, 2017

FREDERICK MCDANIEL 400 CAHOON RD S JACKSONVILLE, FL 32220

SUBJECT: DELIVERANCE CHRISTIAN CENTER, INC.

Ref. Number: N0900000480

We have received your document for DELIVERANCE CHRISTIAN CENTER, 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):

The first page of the Amendment is missing.

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.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 217A00013372

| Ar   | rticles of A        | mendm                   | ent       |            |           |                 |               |               |
|--|---------------------|-------------------------|-----------|------------|-----------|-----------------|---------------|---------------|
| · A et   | to<br>ticles of Inc | -AFDAFO                 | tion      |            |           |                 |               |               |
|  | of                  | -                       |           |            | ,         | ,,1             |               |               |
| Deliverance Christi  | an                  | <u> </u>                | nte       | er,        | 12        | ·               |               | _             |
| (Name of Corporation as cu   | rrentiv file        | d with                  | the Flo   | rida Dej   | pt. of S  | tate)           |               |               |
| 10900000048  | <i>U</i>            |                         |           |            |           |                 |               |               |
| (Document N  | umber of C          | Corporat                | ion (if k | nown)      |           |                 |               |               |
| ursuant to the provisions of section 617.1006, Florida St<br>mendment(s) to its Articles of Incorporation: | atutes, this        | Florida                 | Not F     | e Profit   | Corpo     | ration adopts   | the follow    | ving          |
| . If amending name, enter the new name of the corpo  | oration;            |                         |           |            |           |                 |               |               |
|  |                     |                         |           |            |           |                 | The           |               |
| ame must be distinguishable and contain the word "corp   | poration" o         | er "inco                | rporate   | d" or th   | e abbre   | viation "Corp   | o." or "In    | <b>"</b> "    |
| Company" or "Co." may not be used in the name.   |                     |                         |           |            |           |                 |               |               |
| . Enter new principal office address, if applicable;   |                     |                         |           | •          |           |                 |               |               |
| Principal office address <u>MUST BE A STREET ADDRI</u>   | ESS)                |                         |           |            | _         |                 |               |               |
| •  | -                   |                         | <u> </u>  |            |           |                 |               | <del></del>   |
| ·  |                     |                         |           |            |           |                 |               |               |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)                    |                     |                         |           |            |           |                 |               |               |
|  |                     |                         |           |            |           |                 |               |               |
| •  |                     |                         |           |            | •         |                 |               |               |
| ). If amending the registered agent and/or registered new registered agent and/or the new registered off   |                     |                         | Florida   | , enter i  | he nan    | oe of the       |               | -             |
| Name of New Registered Agent:  |                     |                         |           |            |           | <u></u>         |               | <del></del> - |
|  |                     |                         |           |            |           |                 |               |               |
| Non-Basistania Office 4.12   |                     |                         | (F        | lorida str | eet addre | 123)            |               |               |
| New Registered Office Address.   |                     |                         |           |            |           |                 | •             |               |
|  |                     |                         |           |            |           | , Florida - C   | ria,          |               |
|  | (Cit                | ly)                     |           | ·          |           | (Zip Code)      | =             | ٠,            |
| lew Registered Agent's Signature, if changing Registe  | ered Agest          | ·-                      |           |            |           |                 |               |               |
| hereby accept the appointment as registered agent. I a   | m familiar          | <del>u</del><br>with an | d accen   | t the obl  | igation   | s of the positi | on            | •             |
|  | •                   |                         |           |            | <b>→</b>  | 12.3            | 0             | ŧ.            |
| :  |                     |                         |           |            |           |                 | רון־          |               |
|  | Signatur            | re of Na                | w Regio   | tered A    | pent if   | changing: 3     | <del></del> _ |               |
| •  | wenne               | · = ol 14g              | AT ALUEN  | THE CHILD  | anna A    | ALMINETES       | <b>₹</b>      | **            |

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 X Remove X Add | PT         John I           V         Mike I           SV         Sally S | lones         |   |
|----------------------------------|---|---------------|---|
| Type of Action<br>(Check One)    | Title   | Name          | <u>Addres</u> s                           |
|                                  | <u>Deacon</u>   | Gerald Butter | 400 Cahoon Rd S<br>Jacksonville, fe 32220 |
| Remove                           |   |               |   |
| 2) Change Add                    |   |               |   |
| Remove 3)Change                  | *****   | ·             |   |
| Add<br>Remove                    |   |               | · · · · · · · · · · · · · · · · · · ·     |
| 4) Change                        |   |               |   |
| Remove                           |   |               |   |
| 5) Change Add                    |   |               |   |
| Remove  6) Change                |   |               |   |
| Add                              |   |               |   |

| The date of each amendment(s) adoption: date this document was signed.   | , if other than the                          |
|--|--|
| Effective date if applicable:  (no more than 90 days after amendment file date)  |  |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.  | not be listed as the                         |
| 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 6 - 21-17  |  |
| Signature Judency M. Danul   | o <del>Ligi</del> da — Esperanto de 1965 o . |
| (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) |  |
| Frederick Malaniel   |  |
| (Typed or printed name of person signing)  |  |
| TReasurer  |  |
| (Title of person signing)  |  |