# N0900000639

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### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Assembly Of G	od Fountain Of Power International, Inc
DOCUMENT NUMBER: N0900000639	
The enclosed Articles of Amendment and fee are subr	nitted for filing.
Please return all correspondence concerning this matte	er to the following:
A	, , , ,
	rea Lima Contact Person)
AAP Bu	siness, Corp.
(Firm/	Company)
1000 E. Atla	antic Blvd # 106
(A	ddress)
	each, FL 33060
(Chy/ State	e and Zip Code)
israel445	@yahoo.com
	for future annual report notification)
For further information concerning this matter, please	call:
Andrea Lima	at ( 954 ) 793-0353
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount made pa	syable to the Florida Department of State:
\$35 Filing Fee	☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee Certified Copy ☐ Certificate of Status
	(Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)
Mailing Address	Street Address
Amendment Section Division of Corporations	Amendment Section i Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301

#### Articles of Amendment to Articles of Incorporation of

## Assembly Of God Fountain Of Power International, Inc

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

#### N09000000639

(Document Number of Corporation (if known)

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:

The new name must be distinguishable and contain abbreviation "Corp." or "Inc." "Company" or "Co			porated	" or the	3
B. Enter new principal office address, if applicab	le:		:	型網	5
(Principal office address MUST BE A STREET AD		í		<b>是</b> 排	_ 
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				THE STATE OF	<u> </u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	OY)			الله مراج	<u> </u>
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D. If amending the registered agent and/or regist new registered agent and/or the new registered		<u>da, ente</u> i	the na	<u>me of tl</u>	<u>1e</u>
new registered agent and/or the new registered	d office address.				
Name of New Registered Agent:				÷	
New Registered Office Address:	(Florida street address	)			
	•		. Florida	1	
	(City)		,	Code)	-

Signature of New Registered 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)

Č.

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
FTD .	LAERCIO S. PEREIRA	2655 5TH STREET SW VERO BEACH, FL 32961	_ □ Add □ Remove
		1	
	· · · · · · · · · · · · · · · · · · ·	· • • • • • • • • • • • • • • • • • • •	
E. If amend	ling or adding additional Articles, ente	er change(s) here:	
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The date of each amendment	(s) adoption: <u>07/27/2010</u>	t t
Effective date if applicable:	07/27/2010 (date of adoptio	on is required)
	(no more than 90 days afte	er amendment file date)
	•	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/we was/were sufficient for app	• •	number of votes cast for the amendment(s)
There are no members or adopted by the board of dis		ndment(s). The amendment(s) was/were
		•
Dated_07/2	7/2010	
Cianatura		
hav		ne board, president or other officer-if directors ator — if in the hands of a receiver, trustee, offiduciary)
	SEVERO V	/ALDEZ
	(Typed or printed name	e of person signing)
· · · · · · · · · · · · · · · · · · ·	PRESID	DENT
	(Title of person s	signing)

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