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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Church of God of Prophecy of Ocala Florida Inc
DOCUMENT NUMBER: N 0900001391
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Earl Young (Name of Contact Person)
Church of God of Prophecy (Firm/ Company)
1307 n E 9th Ave
(Address)
OCala FL 34470 (City/ State and Zip Code)
(City/ State and Zip Code)
For ever goin a Gmail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Ear 1 Journa at (618) 704-9215 (Name of Contact Person) (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 Certificate of Status Certified Copy (Additional copy is enclosed) \$35 Filing Fee Certified Copy (Additional Copy is Enclosed)
Marka Addison

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

of

Church of God of Pr	ophecy of Oc	Cala, florida, Inc.	
(Name of Corporation as a	currently filed with the Flor	rida Dept. of State)	
N 69 0000C	1391		
(Document	Number of Corporation (if k	nown)	
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not Fo	r Profit Corporation adopts the following	
A. If amending name, enter the new name of the cor	poration:		
		The new	
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	orporation" or "incorporated	I" or the abbreviation "Corp." or "Inc."	
B. Enter new principal office address, if applicable:			
(Principal office address MUST BE A STREET ADDI			
		201	
C. Enter new mailing address, if applicable:		100 H	77
(Mailing address MAY BE A POST OFFICE BOX	0		e propinsi
		<u> </u>	(U
		2 P	
D. If amending the registered agent and/or registere	ed office address in Florida,	enter the name of the)
new registered agent and/or the new registered o	ffice address:	m	-
Name of New Registered Agent:	_		
		· · · · · · · · · · · · · · · · · · ·	
	(FI	orida street address)	
New Registered Office Address:			
		, Florida	
	(City)	, Florida(Zip Code)	
New Registered Agent's Signature, if changing Regis	stered Agent:		
I hereby accept the appointment as registered agent. I		the obligations of the position.	
	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		Doe Jones Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change Add Remove	<u></u>	Dale Hile	1307 NE 9th Ave Ocala FL 34470
2) Change Add	<u>P</u>	Earl W. Young II	1309 NECTH Ave Ocala Fi 34470
Remove 3) Change Add			
Remove 4) Change Add Remove			
5) Change Add			
Remove 6) Change Add Remove			

f amending or adding a utach additional sheets, i	f necessary).	(Be specifi	(c)				
							
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The date of each amendment(s) adoption date this document was signed.	m: June 1st 20	NG , if other	er than the
Effective date <u>if applicable</u> :	June 1st 2019		
	(no more than 90 days after amendme	ent file date)	
Note: If the date inserted in this block do document's effective date on the Departm	es not meet the applicable statutory fili- ent of State's records.	ing requirements, this date will not be listed a	as the
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were adopted was/were sufficient for approval.	I by the members and the number of vo	ites cast for the amendment(s)	
There are no members or members e adopted by the board of directors.	ntitled to vote on the amendment(s). The	he amendment(s) was/were	
Dated June	131 2019	7	
Signature Signature	W, U		
	or vice chairman of the board, president		
	ected, by an incorporator – if in the han nted fiduciary by that fiduciary)	ds of a receiver, trustee, or	
odici court appoii	ned fiddelary by that fiddelary)		
<u>Eav</u>	<u> </u>		
	(Typed or printed name of per	rson signing)	
	resident		
	(Title of person sig	ening)	