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OIVISIAN OF EORPERATIONS

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COVER LETTER

Division of Corporations	, , , , , , , , , , , , , , , , , , ,
*	Bo
NAME OF CORPORATION: <u>Equise</u> E	vangerique le la Piscine de
DOCUMENT NUMBER: WO 9000	vangelique De la Piscine De-
The enclosed Articles of Amendment and fee are submitt	ed for filing.
Please return all correspondence concerning this matter to	o the following:
Pastor Mark Labra	inch
(N	ame of Contact Person
4563 5 orange	Blosson Trail #5-6 (Firm/Company)
•	
Orlando F/ 328.	39
	(Address)
orlando, FI	: :
(C	ity/ State and Zip Code)
Clarity 88 0 ho	r future annual report r otification)
E-mail address: (to be used to	r future annual report r otification)
For further information concerning this matter, please cal	1:
Dr. Mark Labrarch	
(Name of Contact Person)	(Ar. a Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payal	ole to the Florida Department of State:
: □ \$35 Filing Fee □ \$43.75 Filing Fee & □	\$43.75 Filing Fee & \$\square\$\$52.50 Filing Fee
Certificate of Status	Certified Copy Certificate of Status
	(Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed)
Mailing Address	Street Address
Amendment Section	Amendment Section
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
Tallahassee, FL 32314	2661 E: ecutive Center Circle

Tallaha see, FL 32301

Articles of Amendment to Articles of Incorporation of

Eglise Evan gelique de la (Name of Conforation as current	Piscino	e De Bethesda	. Ir	<u>1/C</u>
	ly filed with the	Florida Dept. of State)		
NO 900000000616	r of Corporation	(if known)		
(1200 Gillon / Million	. or corporation	(11 Mixii)		
Pursuant to the provisions of section 617,1006, Florida Statutes imendment(s) to its Articles of Incorporation:	s, this <i>Florida Ne</i>	et For Profit Corporation adopts	the follo	wing
A. If amending name, enter the new name of the corporation	on:			
				new
name must be distinguishable and contain the word "corporati "Company" or "Co." may not be used in the name.	ion" or "incorpo	cated" or the abbreviation "Cor	p." or "1	nc.''
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)			<u>.</u> .	
		; 	<u>-</u> 1	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				

<u>.</u>				
D. If amending the registered agent and/or registered offic		ida, enter the name of the	NOF 9	/ISI RN
new registered agent and/or the new registered office ac	<u>ldress:</u>		=	SF A
Name of New Registered Agent:				S.X
			J	P G
New Registered Office Address:		(Florida street address)	2: 38	NOT IN
		, Florida		.,,
	(City)	(Zip Code,)	
New Registered Agent's Signature, if changing Registered A	Agent:			
hereby accept the appointment as registered agent. I am fan	niliar with and ac	cept the obligations of the positi	on.	
Six	gnature of New R	egistered Agent, if changing		

учеш, 1 гезист, 17еизи С	er, Director wou	nu be r 1D.	
	aves the corpora	tion, Sally Smith is named the V and S/T	is the PST and Mike Jones is listed as the V. There i These should be noted as John Doe, PT as a Change
Example: XChange X Remove X Add	<u>V</u> <u>Mike</u>	Doe 2 Jones 2 Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change Add RemoveML	T	Jaques Tacquelia Charge Leave	OFlando F1,32816
(2) Change	_5_	Zephir Bony	5450 Rose Ave. Orlando Fl 32810
Remove 3) Change	5	Marc Labranche	8538 White Rose Drive orlando Fl 32839
Remove Change Add Remove	5	Julian Bony	5450 Rose Ave Orlando \$1,32810
5) Change Add Remove		; 	
7) Change Add Remove			

Page 2 of 4

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and

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

address of each Officer and/or Director being added:

Please note the officer/director title by the first letter of the office title:

(Attach additional sheets, if necessary)

If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)	
•	
	:
	,
	· .
	·
	1

The date of each amendment(s) add	option: 6/10/2015	, if other than the
late this document was signed. Effective date if applicable:		SECRETARY OF STATE
	(no more than 90 days after amendment fi	le date)
Note: If the date inserted in this block document's effective date on the Dep	k does not meet the applicable statutory filing reartment of State's records.	equirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	•
The amendment(s) was/were adwas/were sufficient for approval	opted by the members and the number of votes o	east for the amendment(s)
There are no members or memb adopted by the board of directo	ers entitled to vote on the amendment(s). The arrs.	mendment(s) was/were
Dated	16/10/2015	
have not bee	man or vice chairman of the board, presider to rent or selected, by an incorporator – if in the hands of ppointed fiduciary by that fiduciary)	
Mo	ork Labranche	
	(Typed or printed name of person	signing)
	Pasto /	
	(Title of person signin	g)