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Amend/Name of

JUL 20 2016

I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATIO	Mission Tabernacle E	glise du Dieu Vivan	at Inc,	
DOCUMENT NUMBER: _	N09000003596			
The enclosed Articles of Am	endment and fee are subm	itted for filing.		
Please return all corresponde	nce concerning this matter	to the following:		
ELTA ROCHE				
7.1	(Name of Contact Po	erson)	
		(Firm/ Company	y)	, , , , , , , , , , , , , , , , , , , ,
P.O BOX 682261				
		(Address)		<u> </u>
ORLANDO FLORIDA 3286	68-2261			
	(City/ State and Zip	Code)	
TABERNACLECG@GMA	IL.COM			
E	-mail address: (to be used	for future annual rep	oort notification)
For further information conce	erning this matter, please of	eall:		
ELTA ROCHE		àt	407	545-9324
1	(Name of Contact Person)			(Daytime Telephone Number)
Enclosed is a check for the fe	ollowing amount made pay	able to the Florida I	Department of	State:
☐ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee Certified Copy (Additional copy i enclosed)	Certifi s Certifi	O Filing Fee icate of Status ied Copy tional Copy is sed)
Mailing A	ddress	Str	reet Address	

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

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

,	Article	s of Amendment		_	_
	A rticles	to of Incorporation		3/2	
	AT LICICS	of		280 U	Type A
MISSION TABERNACLE EGLISE DU DIEU VIV	ANT INC	C, A NON PROFIT O	RGANIZATION		
(Name of Corporation a	s current	tly filed with the Flor	rida Dept. of State)	15(2)	
N09000003596				King of	جر ُ
(Docume	nt Numbe	er of Corporation (if k	nown)	Alfold Services	シー ジ が、
Pursuant to the provisions of section 617.1006, Florid amendment(s) to its Articles of Incorporation:	la Statute	es, this <i>Florida Not Fo</i>	or Profit Corporation :	adopts the following	OF STATE OF
A. If amending name, enter the new name of the c	orporati	ion:			
TABERNACLE CHURCH OF GOD OF ORLANDO	FLORE	DA INC. A NONPRO	FIT ORGANIZATIO	N The new	
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name.	'corporat	tion" or "incorporate	d" or the abbreviation		
B. Enter new principal office address, if applicable	le:	7510 SILVER STAF	RRD		
(Principal office address MUST BE A STREET AD		ORLANDO FLORII	DA 32818		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	0X)	P.O BOX 682261			
		ORLANDO FLORII	OA 32868-2261		
D. If amending the registered agent and/or register			enter the name of th	<u>ie</u>	
new registered agent and/or the new registered	l office a	ddress:			
Name of New Registered Agent:	ABNER N	MALIVERT			
7	705 CAF	FARO DR			
<u>New Registered Office Address:</u>		(F	lorida street address)		
C	RLAND	ю	Fi: J	32818	
-		(City)	, Florid <i>(Zip</i>	ia Code)	
New Registered Agent's Signature, if changing Re	oistered	Agent:			
I hereby accept the appointment as registered agent.	I am fan	miliar with and accept	the obligations of the	position.	
	//	In	70		
 √	V by Si	ionature of New Roots	tered Agent if changing	no —	

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	<u>V</u> <u>Mik</u>	n Doe e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	PASTOI	ABNER MALIVERT	7705 CAFARO DR
X Add			ORLANDO FLORIDA 32818
Remove			
2) Change	PASTOI	ROBENS ROCHE	P.O BOX 682261
X Add			ORLANDO FLORIDA 32868-226
Remove	S	ELTA ROCHE	1865 TIGERWOOD CT
3) Change X Add			ORLANDO FLORIDA 32818
Remove			
4) Change	Т	SOLANGE DORCIN	6620 WHIRLAWAY CIRCLE
X Add			ORLANDO FLORIDA 32818
Remove			
5) Change			
X Add			
Remove			
6) Change		· · · · · · · · · · · · · · · · · · ·	
Add			
Remove			

(attach additional sheets, if necessary). (Be specific)				
ARTICLE V THE NAME AND FLORIDA STREET ADDRESS OF THE REGISTERED AGENT IS				
ABNER MALIVERT 7705 CAFARO DR. ORLANDO FLORIDA 32818				
ARTICLE VI				
ABNER MALIVER 7705 CAFARO DR. ORLANDO FLORIDA 32818				

			MAY 8, 2016	
	date of each amen		pption;	, if other than the
late	this document was	•	0.0017	
Effe	ctive date if applic		8, 2016	
			(no more than 90 days after amendment file date)	
			k does not meet the applicable statutory filing requirements, this date will artment of State's records.	ll not be listed as the
Ado	ption of Amendme	nt(s)	(<u>CHECK ONE</u>)	
8	The amendment(s) was/were sufficient		opted by the members and the number of votes cast for the amendment(s))
	There are no membadopted by the boa		ers entitled to vote on the amendment(s). The amendment(s) was/were rs.	
	Dated	MAY 8, 201	6	
	Signature	Ster	u afaling	
	(have not been	man or vice chairman of the board, president or other officer-if directors n selected, by an incorporator – if in the hands of a receiver, trustee, or ppointed fiduciary by that fiduciary)	
		ABNER N	MALIVERT	
			(Typed or printed name of person signing)	
		PASTOR/	/ PRESIDENT	
			(Title of person signing)	