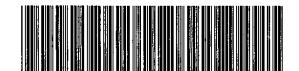
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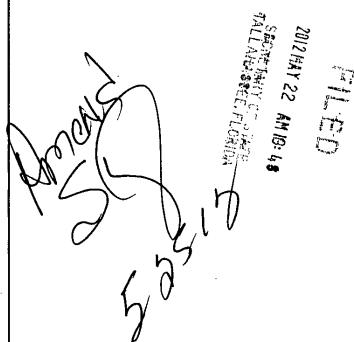
(Re	questor's Name)	
- (Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne) .
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

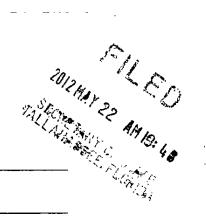
TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	A SEVENTH DAY	ADVENTIST CHURCH INC
DOCUMENT NUMBER: N9000059	75	
The enclosed Articles of Amendment and fee are subs	mitted for filing.	
Please return all correspondence concerning this matte	er to the following:	
LUNEL CHERENFANT		
	(Name of Contact Person	1)
PHILADELPHIE SEVENT	H DAY ADV	ENTIST CHURCH
	(Firm/ Company)	
2310 SOUTH 29TH STF	REET	
	(Address)	
FORT PIERCE, FLORID.	A 34950	
	(City/ State and Zip Code	e)
PHILAMITSPA@	YAHOO.CC	M
E-mail address: (to be used		
For further information concerning this matter, please	call:	
LUNEL CHERENFANT	_{at (} 786	985-1826
(Name of Contact Person)		ode & Daytime Telephone Number)
Enclosed is a check for the following amount made pa	ayable to the Florida Depa	artment of State:
□ \$35 Filing Fee & S43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address	Street	Address

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 Articles of Incorporation



PHILADELPHIA SEVENTH DAY CHURCH INC

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

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(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 Incorporati	ion:	.,		
A. If amending name, enter the new na	me of the corporati	on:		
				The ne
name must be distinguishable and contain "Company" or "Co." may not be used in		ion" or "incorporated" o	or the abbreviation "Corp."	or "Inc.
B. Enter new principal office address, i		LUNEL CHER	ENFANT	_
(Principal office address <u>MUST BE A STREET ADDR</u>		(S) 17290 NE 17 AVE		
		NORTH MIAMI	BEACH FL.33162	<u>-</u>
C. Enter new mailing address, if applic (Mailing address MAY BE A POST O	PFFICE BOX)	ddress:	ter the name of the	- -
Name of New Registered Agent:	LUNEL CHE	ERENFANI		
	17290 NE 1	7 AVE		
New Registered Office Address:	((Florida street address)		
	NORTH MI	AMI BEACH	_, Florida 33162	
	(City)		(Zip Code)	
New Registered Agent's Signature, if ch I hereby accept the appointment as registe Sign	rediagent. I am fan nature of New Regist	Agent: niliar with and accept the ered Agent, if changing	obligations of the position.	

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	<u>PT</u> <u>Jo</u>	ohn Doe	
X Remove	<u>V</u> <u>M</u>	tike Jones	
_X Add	<u>SV</u> <u>Sa</u>	ally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	PRESIDENT	LINCIFORT EDDY	742 SW HOGAN ST
Add × Remove			PORT ST LUCIE FL 34983
Kemove			-
2) Z Change	PASTOR.PT	LUNEL CHERENFANT	17290 NE 17 AVE
Add Remove			NORTH MIAMI BEACH FL.33162
3) Change Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove		•	
6) Change			
Add			
Remove			

The date of each amendment(s) adoption: 05/18/30/3
Effective date if applicable: (no more than 90 days after amendment file date)
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
Signature Signature
(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)
LUNEL CHERENFANT
(Typed or printed name of person signing)
X.HSIDR YRES.
(Title of person signing)