N0900006585

,		
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Amendment Section Division of Corporations

The Covenant Cathe NAME OF CORPORATION:	dral, Incoporation	
N090000 DOCUMENT NUMBER:	06585	
The enclosed Articles of Amendment and fee are submi	tted for filing.	
Please return all correspondence concerning this matter	to the following:	
Jona	than B. Graham	
1)	Name of Contact Person)	
	The Covenant Cath	edral Inc.
	(Firm/ Company)	
	5800-1 Ricker Rd.	
	(Address)	
	Jacksonville, Florida 32218	3
(0	City/ State and Zip Code)	
jon.gra	m@yahoo.com	
E-mail address: (to be used for	or future annual report noti	ication)
For further information concerning this matter, please ca	11:	
Johnny McCray	at	904-310-8476
(Name of Contact Person)	(Area (Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made paya	ble to the Florida Departm	ent of State:
□ \$35 Filing Fee □ \$43.75 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

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

	2250
C.	
Auticles of Ausonder and	
Articles of Amendment to	6
Articles of Incorporation	
of The Covenant Cathedral, Incorporated	0. 0%
(Name of Corporation as currently filed with the Florida Dept. of State)	_ ·
N09000006585	
(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:	ng
A. If amending name, enter the new name of the corporation:	
The ne	ew.
name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc. "Company" or "Co." may not be used in the name.	
B. Enter new principal office address, if applicable:	_
Principal office address MUST BE A STREET ADDRESS)	
	_
	_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
(Mailing dauress MAT BE A POST OFFICE BOX)	
	_
D. If amending the registered agent and/or registered office address in Florida, enter the name of the	
new registered agent and/or the new registered office address:	
Name of New Registered Agent:	
	_
(Florida street address)	_
New Registered Office Address:	
, Florida, Zip Code)	_
(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered Agent:	
hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	
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)

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 <u>Doe</u> e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) X Change	VP	Jonathan Graham	8785 Moss Haven Dr.
Add			Jacksonville, Florida 32221
Remove			
2) X Change	<u>V</u>	Patrica Graham	8785 Moss Haven Dr Jax 32221
Add			
Remove 3) Change	Deacon	Kenneth Jackson	5800-1 Ricker Rd Jax Fl 32221
Add X Remove			
4) Change	Elder	James Fullwood	5800-1 Ricker Rd. Jax Fl 32221
Add X Remove			
5) X Change	Tresure	Samantha Strickland	5800-1 Ricker Rd 32221
Add			
Remove	Assist T	Antonio Holsey	5800-1 Ricker Rd 32221
6) X Change Add			
Remove			

f amending or adding additional Ar attach additional sheets, if necessary).	(Be specific)
· · · · · · · · · · · · · · · · · · ·	
	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date we document's effective date on the Department of State's records.	ill not be listed as the
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.	
01/22/2016 Dated	
Signature (By the chairman or vice chairman of the board, president or other officer-if directors	
have not been selegted, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Jonathan Graham	
(Typed or printed name of person signing)	
Bishop	
(Title of person signing)	