| (Re | equestor's Name) | | | |
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COVER LETTER

Division of Corporations CHURCH OF GOD OF PROPHECY OF MICHIGAN AVE FT. MYERS, FL, INC NAME OF CORPORATION: N09000007563 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: CHRISTINE GRUBER (Name of Contact Person) ROBERT BOWERS ACCOUNTING, INC (Firm/ Company) P.O.BOX 159 (Address) LEHIGH ACRES, FL 33970 (City/ State and Zip Code) christine@bowersaccounting.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: CHRISTINE GRUBER (Name of Contact Person) Enclosed is a check for the following amount made payable to the Florida Department of State: □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed)

Mailing Address

TO: Amendment Section

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 PROPHECY OF MICHIGAN AVE FT. MYERS, FL, INC

| N0900007563 (Document Numbe | er of Corporation (if known) | |
|--|--------------------------------------|------------------------------------|
| ursuant to the provisions of section 617.1006, Florida nendment(s) to its Articles of Incorporation: | • | t Corporation adopts the following |
| . If amending name, enter the new name of the con | poration: | The new |
| une must be distinguishable and contain the word "co Company" or "Co." may not be used in the name. | orporation" or "incorporated" or th | |
| Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADD | | |
| | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX | 3721 E MICHIGA | AN AVE |
| | FORT MYERS | |
| | FLORIDA, 3391 | 6 |
| If amending the registered agent and/or registered new registered agent and/or the new registered of | | 6 the name of the |
| Name of New Registered Agent: N/A | | |
| New Registered Office Address: | (Florida street address) | |
| | (City) | Florida(Zip Code) |
| ew Registered Agent's Signature, if changing Regi | | (Zip Code) |
| hereby accept the appointment as registered agent. I | | ligations of the position. |
| Signature o | of New Registered Agent, if changing | |

Page 1 of 4

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 | PT John D V Mike J SV Sally S | ones | |
|----------------------------------|---|-------------------|-----------------------|
| Type of Action (Check One) | <u>Title</u> | Name | <u>Addres</u> s |
| I) X Change | TR | JENNINGS JAMES SR | 2817 31ST W |
| Add | | | LEHIGH ACRES |
| Remove | | | FL, 33971 |
| 2) X Change | TR | MILLER SANDRA | 2524 JEAN MARIE COURT |
| Add | | | FORT MYERS |
| Remove | | | FL, 33916 |
| 3) X Change | TR | LEWIS PATRICIA | 1805 E 7TH STREET |
| Add | | | LEHIGH ACRES |
| Remove | | | FL, 33972 |
| 4) Change | <u>T</u> | MAXINE WHYTE | 2916 24TH STREET W |
| X Add | | | LEHIGH ACRES |
| Remove | | | FL, 33971 |
| 5) Change | Т | ALFRED DUNSTAN | 306 PERLITA AVE |
| X | | | LEHIGH ACRES |
| Remove | | | FL, 33974 |
| 6) Change | D | LAWFORD WHYTE | 2916 24TH STREET W |
| X Add | | | LEHIGH ACRES |
| Remove | | | FL, 33971 |
| | | Dago 2 of 4 | |

| E. If amending or adding additional Art (attach additional sheets, if necessary). | (Re specific) |
|---|---------------|
| N/A | |
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| | date of each amendment | | , if other than the |
|-----|--|--|---------------------|
| | ate this document was signed. Iffective date <u>if applicable:</u> 10/28/2014 | | |
| | <u></u> | (no more than 90 days after amendment file date) | |
| Ado | ption of Amendment(s) | (CHECK ONE) | |
| | The amendment(s) was/we was/were sufficient for ap | ere adopted by the members and the number of votes cast for the amendment(s) proval. | |
| | There are no members or adopted by the board of d | members entitled to vote on the amendment(s). The amendment(s) was/were irectors. | |
| | Dated 10/2 | 29/2014 | |
| | Signature \frown | Tames Tenning 251 | |
| | (By the | chairman or vice chairman of the board, president or other officer-if directors ot been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary) | |
| | JENNI | NGS JAMES SR | |
| | | (Typed or printed name of person signing) | |
| | TRUST | EE | |
| | | (Title of person signing) | |