

NO90000009382

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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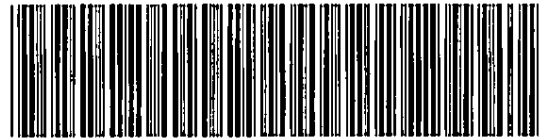
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 30, 2021

REV. CARLEBE DELIARD
6824 BOARDMOOR
NORTH LAUDERDALE, FL 33068 US

SUBJECT: VICTORY OF GRACE CHURCH OF THE CHRISTIAN AND
MISSIONARY ALLIANCE OF FORT LAUDERDALE, FLORIDA, INC.
Ref. Number: N09000009382

2021 JUN 30 3 PM 1:23

We have received your document for VICTORY OF GRACE CHURCH OF THE CHRISTIAN AND MISSIONARY ALLIANCE OF FORT LAUDERDALE, FLORIDA, INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers listed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jalesa S Dennis
Regulatory Specialist II

Letter Number: 621A00014010

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Victory of Grace Church of the Christian and Missionary Alliance of Fort Lauderdale, Florida

DOCUMENT NUMBER: N09000009382

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rev. Carlebe Deliard

(Name of Contact Person)

Victory of Grace Church of the Christian and Missionary Alliance of Fort Lauderdale, Florida, Inc.

(Firm/ Company)

~~7424 SW 14th Court~~

6824 Broadmoor

(Address)

North Lauderdale, Florida 33068

(City/ State and Zip Code)

calebdeliard@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rev. Carlebe Deliard

954

627-2718

at

(Name of Contact Person)

(Area Code)

(Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

Victory of Grace Church of the Christian and Missionary Alliance of Fort Lauderdale, Florida, Inc.

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

N09000009382

(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:

A. If amending name, enter the new name of the corporation:

_____ The new
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)

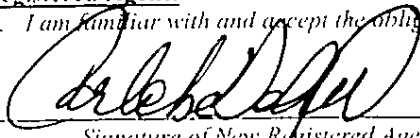
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent: Carlebe Deliard
7424 SW 14th Court
(Florida street address)

New Registered Office Address:
North Lauderdale, Florida 33068
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I 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

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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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

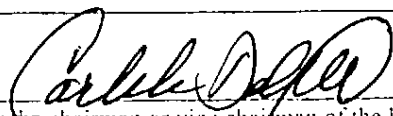
<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add	<u>PD</u>	<u>CARLEBE DELIARD</u>	<u>6824 Broadmoor</u> <u>7424 SW 14th Court</u> <u>North Lauderdale, FL 33068</u>
<input type="checkbox"/> Remove			
2) <input type="checkbox"/> Change <input type="checkbox"/> Add	<u>PD</u>	<u>CALEB DELIARD</u>	<u>7424 SW 14th Court</u> <u>North Lauderdale, FL 33068</u>
<input checked="" type="checkbox"/> Remove			
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			

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

☐ 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 04/21/2021

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)

Rev. Carlebe Deliard

(Typed or printed name of person signing)

President

(Title of person signing)