N09000010789

(Requestor's Name)		
(Address)	30034	1186273
(Address)		1100270
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)	03/03/20	01830009
Certified Copies Certificates of Status	S TALLENT	2020 MAR -9
Special Instructions to Filing Officer:	MAR 2.5 2020	
	λ_{V}	PM 3: 59
	the state of the s	

Office Use Only

++43.75

COVER LETTER

. .

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	DIEU CHRIST EST MA VIE. INC
N09000010789 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee	are submitted for filing.
Please return all correspondence concerning the	his matter to the following:
MONA ESPERANCE	
	(Name of Contact Person)
HAITIAN CHANGING LIFE MINISTRY C	HURCH OF GOD INC
	(Firm/ Company)
7135 BLAIR DR	
	(Address)
ORLANDO, FLORIDA 32818	
	(City/ State and Zip Code)
monamirville51@gmail.com	
E-mail address: (to	be used for future annual report notification)
For further information concerning this matter	r, please call:
MONA ESPERANCE	-1 321-422-9449 at
(Name of Contact	(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 Certificate of !	
Mailing Address Amendment Section	Street Address Amendment Section

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810

Talfahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

1 (П	1SF	DF	DIEL	I CHRIST	TEST MA	VIE INC

(Name of Corporation as currently filed with the Fl	lorida De	pt. of State)			
N09000010789					
(Document	t Number	of Corporation (if known)	•		
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	a Statutes	, this Florida Not For Profit	Corporation adopt	s the fol	Howing
A. If amending name, enter the new name of the co	orporatio	<u>n:</u>			
HAITIAN CHANGING LIFE MINISTRY CHURCH	OF GOD	O, INC.		T^{γ}	ha naw
name must be distinguishable and contain the word "c "Company" or "Co." may not be used in the name.	corporatio	on" or "incorporated" or the	abbreviation "Con	rp." or	"Inc."
B. Enter new principal office address, if applicable		960 SANTA ANITA			2021
(Principal office address <u>MUST BE A STREET ADD</u>	Speces	ORLANDO, FL 32808			MAF
	-			•	9
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	- <u>)X</u>)	7135 BLAIR DR			PH 3
	(ORLANDO, FL 32818		r :	59
D. If amending the registered agent and/or register new registered agent and/or the new registered of			ne name of the		
\1		PERANCE			
Name of New Registered Agent:	i 35 BLAI				
<u></u>		(Florida stree	rt address)		
New Registered Office Address:					
()]	RLANDO		Florida	318	
		(City)	(Zip Code	"	
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	istered A Tam fami	gent: iliar with and accept the oblis A SASTAM THE THE PROPERTY OF THE PROPE	gations of the posit	ion.	

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 De V Mike Je SV Sally Sr	ones .	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) × Change Add	Þ	MONA ESPERANCE	7135 BLAIR DR ORLANDO, FL 32818
Remove 2) Change Add	. <u>P</u>	MERICDIEU GERMAIN	4805 FIGWOOD LANE ORLANDO, FL 32808
X Remove	<u>V</u>	MERLET MIRVILLE	441 LOWNDES SQUARE CASSELBERRY, FL 32707
4) X Change Add	<u>S</u>	GERMINA JOSINVIL	5717 LAWNDALE RD ORLANDO, FL 32808
Remove 5) Change Add X Remove	<u>T</u>	MARIE CAMERON	5717 LAWNDALE RD ORLANDO, FL 32808
6) Change Add	<u>s</u>	WALNES MORENCY	7706 SENJILL CT ORLANDO, FL 32808
Remove E. If amending or addin (attach additional shee)		cles, enter change(s) here: (Be specific)	

		
		
		
		
		
The date of each amendment date this document was signed	(s) adoption: MARCH 6, 2020	if other than the
Effective date if applicable:	MARCH 20, 2020	
<u></u>	tho more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on t	is block does not meet the applicable statutory filing requirements, this date will not be ne Department of State's records.	listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/w was/were sufficient for ap	ere adopted by the members and the number of votes east for the amendment(s) proval.	

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 (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)
MONA ESPERANCE
(Typed or printed name of person signing)
PRESIDENT

(Title of person signing)