# N09000012/13

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-U	P WAIT MAIL
\	
	(Business Entity Name)
	(Document Number)
Certified (Idpies	Certificates of Status
Special Instruction	s to Filing Officer:
	Office Use Only
X	



400209952924

07/18/11--01007--004 \*\*35.00

Amens



M 7-1711

### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	oration: Heaven Empo	owered - Community As	sistance Network
DOCUMENT NUM	IBER: N09000012113		
The enclosed Article	s of Amendment and fee are sul	omitted for filing.	
Please return all corr	espondence concerning this mat	ter to the following:	
		ninia Bare	- derro-
	(Name of	Contact Person)	
	Heaven Empowered - Cor	mmunity Assistance Networ	k, Inc.
	(Firm	n/ Company)	
	PO	Box 2146	
	(	Address)	
	Trento	on, FL 32693	
	(City/ Sta	te and Zip Code)	
		e@flcrown.org and for future annual report notific	ation
	•	•	ation)
For further informati	on concerning this matter, pleas	e call:	
Erminia Bare		at ( 386 ) 755-902	26 x 3120
(Name	of Contact Person)	(Area Code & Dayti	me Telephone Number)
Enclosed is a check f	or the following amount made p	payable to the Florida Departmen	t of State:
<b>☑</b> \$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)
	ing Address	Street Address	,
	ndment Section sion of Corporations	Amendment Section Division of Corporation	ons
	Box 6327	Clifton Building	r
	hassee, FL 32314	2661 Executive Cente	r Circle

Tallahassee, FL 32301

## **Articles of Amendment Articles of Incorporation**

1.	FILED			
11 JUL	18	PM	<b>3</b> :	51

Heaven Empowered - Community Assistance Network MacAl (Name of Corporation as currently filed with the Florida Dept. of State)

#### N09000012113

(Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts

1	or "Co," may not be used in th	n" or "incorporated" or the ne name.
. Enter new principal office address, if a Principal office address <u>MUST BE A STRE</u>		
. Enter new mailing address, if applicab (Mailing address MAY BE A POST OF)		
(Manning agartess MATT DD 717 OST OTT	TICE BOX	
. If amending the registered agent and/or new registered agent and/or the new re	r registered office address in F	lorida, enter the name of the
. If amending the registered agent and/or	r registered office address in F	lorida, enter the name of the
o. If amending the registered agent and/or new registered agent and/or the new re	r registered office address in F	
. If amending the registered agent and/or new registered agent and/or the new re	r registered office address in F gistered office address: Erminia Bare	129
. If amending the registered agent and/or new registered agent and/or the new re  Name of New Registered Agent:	r registered office address in F gistered office address: Erminia Bare 1879 S. US Hwy.	129

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
Dir	John Chastain	PQ Box 2146	□ Add
		Trenton, FL 32693	☐ Remove
			•
Dir	Erminia Bare		-
<u>DII</u>	Ettilina bate	PO Box 2146	☑ Add ☐ Remove
		Trenton, FL 32693	Kelliove
			•
			Add
			☐ Remove
			•
E. <u>If amendin</u>	g or adding additional Articles, enter of	change(s) here:	
(attach addi	tional sheets, if necessary). (Be specifi	ic)	
	- <del> </del>	,	* · · · ·
<del></del>			
		4 de 1 co. 4 de 1 de 200 - 1 de 1	

The date of each amendmen	t(s) adoption: July 10, 2011
Effective date <u>if applicable</u> :	(date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we was/were sufficient for app	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 di	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.
hav	y the chairman or vice chairman of the board, president or other officer-if directors we not been selected, by an incorporator – if in the hands of a receiver, trustee, other court appointed fiduciary by that fiduciary)
	John Miller
	(Typed or printed name of person signing)
	Director/Pastor
	(Title of person signing)

Page 3 of 3