# 

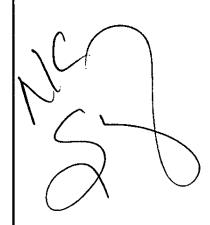
| (R                      | lequestor's Name)       |
|-------------------------|-------------------------|
| (A                      | ddress)                 |
| (A                      | ddress)                 |
| (C                      | City/State/Zip/Phone #) |
| PICK-UP                 | ☐ WAIT ☐ MAIL           |
| , (B                    | Business Entity Name)   |
| (D                      | Occument Number)        |
| Certified Copies        | Certificates of Status  |
| Special Instructions to | o Filing Officer:       |
|                         |                         |
|                         |                         |
| 0                       |                         |
|                         |                         |







09/16/10--01025--020 \*\*43.75



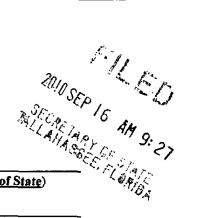


#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPO           | RATION: Maranatha Fait  | th and Revival Church,   | Inc.  |
|-------------------------|---|--|---|
| DOCUMENT NUM            | BER: <u>N09065</u>  | 49,500   |   |
| The enclosed Articles   | of Amendment and fee are subm   | nitted for filing.   |   |
| Please return all corre | spondence concerning this matte   | er to the following:   |   |
|                         |   | a Perez  |   |
|                         | (Name of C  | Contact Person)  |   |
|                         |   | N/A  |   |
|                         | (Firm/  | Company)   |   |
|                         | 10440 S   | SW 51 Street   |   |
|                         | (A  | ddress)  |   |
|                         | <b>M</b> iami   | , FL 33165   |   |
|                         | (City/ State  | e and Zip Code)  |   |
|                         |   | Dhotmail.com I for future annual report notific  | ation)  |
| For further information | on concerning this matter, please   | call:  |   |
| Irma Perez              |   | at ( 786 ) 320-202   | 21  |
| (Name                   | of Contact Person)  |  | me Telephone Number)  |
| Enclosed is a check f   | or the following amount made page 1   | ayable to the Florida Departmen  | at 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<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
| Ame<br>Divi<br>P.O.     | ling Address ndment Section sion of Corporations Box 6327 hhassee, FL 32314 | Street Address Amendment Section Division of Corporati Clifton Building 2661 Executive Center Tallahassee, FL 3230 | er Circle   |

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



### Maranatha Faith and Revival Church, Inc.

|  | restruit Offatori, inc.  | S. N. W.                  |
|--|--|---------------------------|
| (Name of Corporation as currently  | filed with the Florida Dept. of S                                  | tate)                     |
| N09  | 065  | <b>7.</b> 4               |
| (Document Number of  | of Corporation (if known)  | <u>_</u>                  |
| ursuant to the provisions of section 617.1006, Flori<br>te following amendment(s) to its Articles of Incorporate | ida Statutes, this <i>Florida Not For I</i><br>oration:            | Profit Corporation adopts |
| If amending name, enter the new name of the  | corporation:   |                           |
| House of Restoration, Inc.   |  | •                         |
| he new name must be distinguishable and contain<br>bbrevlation "Corp." or "Inc." <u>"Company" or "C</u> o        | n the word "corporation" or "in<br>o." may not be used in the name | corporated" or the        |
| Enter new principal office address, if applicab<br>Principal office address <u>MUST BE A STREET AL</u>           |  |                           |
|  |  |                           |
|  |  |                           |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B                                | OX)  |                           |
|  |  |                           |
|  |  | ··                        |
|  |  |                           |
| . If amending the registered agent and/or regist<br>new registered agent and/or the new registered               |  | nter the name of the      |
|  |  |                           |
| Name of New Registered Agent:  |  | <del></del>               |
| New Registered Office Address:   | (Florida street address)   |                           |
|  |  | , Florida                 |
|  | (City)   | (Zip Code)                |
| ew Registered Agent's Signature, if changing Re  |  |                           |
| hereby accept the appointment as registered age<br>osition.  | ent. I am familiar with and acc                                    | ept the obligations of th |
| Cian a   | tare of New Posintared Accest 15                                   | haveiva                   |
| Signa  | ture of New Registered Agent, if ci                                | ranging                   |

## 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) **Type of Action** <u>Title</u> <u>Name</u> Address □ Add ☐ Remove \_ 🔲 Add ☐ Remove ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

| The date of each amendme                        | ent(s) adoption: September 9, 2010   |
|---|--|
|   | (date of adoption is required)   |
| Effective date if applicable                    | (no more than 90 days after amendment file date)   |
| Adoption of Amendment(s                         | s) ( <u>CHECK ONE</u> )  |
| The amendment(s) was/was/were sufficient for a  | were adopted by the members and the number of votes and the amendment(s) approval.   |
| There are no members of adopted by the board of | or members entitled to vote on the amendment(s). The amendment(s) was/were directors.  |
| Dated   | 9/13/10<br>Suale Penj  |
| Signature                                       | June Perj  |
| ĺ   | (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) |
|   | TRMA E. Pener<br>(Typed or printed name of person signing)   |
|   | Paston Riedent   |
|   | (Title of person signing)  |