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| Certified Copies | _ Certificates | s of Status |
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| Special Instructions to | Filing Officer: | |
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COVER LETTER

TO: Amendment Section Division of Corporations

| COLEMAN FIRST: NAME OF CORPORATION: | ASSEMBLY OF GOD. IN | C | | |
|--|---|------------------------------------|--|------------------|
| N09644 DOCUMENT NUMBER: | | | | |
| The enclosed Articles of Amendment and fee are sub- | nitted for filing. | | | |
| Please return all correspondence concerning this matte | er to the following: | | | |
| DALE CLAYTON | | | | |
| | (Name of Contact Person) | | | |
| COLEMAN FIRST ASSEMBLY OF GOD, INC | | | | |
| . | (Firm/ Company) | | | |
| 505 MULBERRY STREET | | | | |
| | (Address) | | | - - |
| COLEMAN/ FL 33521 | | | | |
| | (City/ State and Zip Code) |) | | |
| DALEMCLAYTON@GMAIL.COM | | | | |
| E-mail address: (to be used | for future annual report no | otification |) | <u> </u> |
| For further information concerning this matter, please | call: | | | |
| DALE CLAYTON | | | 303-2134 | |
| (Name of Contact Person | | a Code) | (Daytime Telephone) | Number) |
| Enclosed is a check for the following amount made pa | yable to the Florida Depar | tment of S | State: | |
| ■ \$35 Filing Fee | □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | Certifi Certifi | Filing Fee cate of Status led Copy tional Copy is sed) | |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Division Clifton I 2661 Ex | nent Secti of Corpo Building | enter Circle | |

Articles of Amendment to Articles of Incorporation of

2019 SEP 23

COLEMAN FIRST ASSEMBLY OF GOD, INC

| (Name of Corporation as cu | rrently filed with the Florida Dept. of State) |
|---|--|
| N09644 | |
| (Document N | lumber of Corporation (if known) |
| Pursuant to the provisions of section 617.1006, Florida Stamendment(s) to its Articles of Incorporation: | tatutes, this Florida Not For Profit Corporation adopts the follow |
| A. If amending name, enter the new name of the corp ENCOUNTER CHURCH FL INC. | oration: |
| name must be distinguishable and contain the word "corp" "Company" or "Co." may not be used in the name. | poration" or "incorporated" or the abbreviation "Corp," or "Inc |
| B. Enter new principal office address, if applicable: | N/A |
| (Principal office address <u>MUST BE A STREET ADDRI</u> | ESS) |
| | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | N/A |
| · - | |
| | |
| D. If amending the registered agent and/or registered new registered agent and/or the new registered off | |
| Name of New Registered Agent: | |
| | (Florida street address) |
| New Registered Office Address: | , |
| N/A | , Florida |
| | (City) (Zip Code) |
| New Registered Agent's Signature, if changing Register | |
| i hereby accept the appointment as registered agent. Ta | m familiar with and accept the obligations of the position. |
| | |
| | Signature of New Registered Agent, if changing |

| | rector titl President, = Chief F | e by the fi T= Treas inancial C | surer; S= Secretary; L Officer, If an officer/d | = Director; TR= Trus | tee: C = Chairman or Clerk; one title, list the first letter o | |
|-----------------------------------|--|---------------------------------------|--|----------------------|---|----------|
| | ves the co | orporation | i, Sally Smith is named | | ST and Mike Jones is listed a ould be noted as John Doe, F | |
| Example: X Change X Remove X Add | <u>PT</u> <u>V</u> <u>SV</u> | John Do Mike Jo Sally Sm | nes | | | |
| Type of Action (Check One) | <u>Title</u> | | Name | | <u>Addres</u> s | |
| 1) N/A Change | | _ | | | | |
| Add | | | | | | <u> </u> |
| Remove | | | | | | |
| 2) N/A Change | | _ | | | | |
| Add | | | | | | |
| Remove | | | | | | <u> </u> |
| 3) N/A Change | | _ | | | | |
| Add | | | | | <u>.</u> | |
| Remove | | | | | | <u> </u> |
| 4) N/A Change | | | | | | |
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| 5) N/A Change | | | | | | |
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| Remove | | | | | | <u> </u> |
| 6) N/A Change | | | | | | |
| Add | | _ _ | | | | |
| Remove | | | | | | |
| Kemove | | | Pa | ge 2 of 4 | | Ī |

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title,

address of each Officer and/or Director being added:

| E. If amending or adding additional Article (attach additional sheets, if necessary). | (Be specific) | |
|---|---------------|--|
| N/A | | |
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| The date of each amendment(s) adoption: | other |
|--|--------|
| date this document was signed. | |
| Effective date if applicable: | |
| (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lis document's effective date on the Department of State's records. | ted as |
| Adoption of Amendment(s) (CHECK ONE) | |
| 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 9-19-19 | |
| 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) | |
| Dernick West | |
| (Typed or printed name of person signing) | |
| president (Title of our in signing) | |
| (Title of person signing) | |