

N10000002459

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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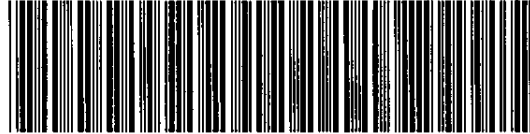
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 JUN -4 AM 11:08

JUN 05 2015

T CANNON

Amend



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 7, 2015

ELSA BRUNACHE
L'EGLISE PRIMITIVE DE LA RENAISSANCE INC
P.O. BOX 550217
ORLANDO, FL 32855 US

SUBJECT: L'EGLISE PRIMITIVE DE LA RENAISSANCE INC
Ref. Number: N10000002459

We have received your document for L'EGLISE PRIMITIVE DE LA RENAISSANCE INC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date of adoption of each amendment must be included in the document.

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

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) 245-6050.

Tina D Cannon
Regulatory Specialist II

Letter Number: 515A00009526

RECEIVED
15 JUN -4 PM 3:45
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: L'Eglise Primitive De La Renaissance Inc.

DOCUMENT NUMBER: N10000002459

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

Please return all correspondence concerning this matter to the following:

Elsa Brunache

(Name of Contact Person)

L'Eglise Primitive De La Renaissance Inc.

(Firm/ Company)

P.O BOX 550217

(Address)

Orlando, FL 32855

(City/ State and Zip Code)

legliseprimitive.renaissance@gmail.com

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

For further information concerning this matter, please call:

Elsa Brunache

321

345-9014

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

L'Eglise Primitive De La Renaissance Inc.

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

N10000002459

(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:

N/A

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)

150 W Michigan St Unit D

Orlando, FL 32806

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

Name of New Registered Agent: N/A

(Florida street address)

New Registered Office Address:

N/A

(City)

, Florida

(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 checked="" type="checkbox"/> Change	<u>P</u>	<u>Nicolas Rigaudon</u>	<u>1057 S Kirkman Rd</u>
<input type="checkbox"/> Add			<u>Orlando, FL 32839</u>
<input type="checkbox"/> Remove			
2) <input checked="" type="checkbox"/> Change	<u>Deacon</u>	<u>Reginald Jn Jacques</u>	
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	<u>Pastor</u>	<u>Hernice Charles</u>	<u>7851 Sagebrush Pl</u>
<input checked="" type="checkbox"/> Add			<u>Orlando, FL 32822</u>
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	<u>P</u>	<u>Phreniot Diogene</u>	
<input type="checkbox"/> Add			
<input checked="" type="checkbox"/> Remove			
5) <input checked="" type="checkbox"/> Change	<u>Executiv</u>	<u>Elsa Brunache</u>	<u>P.O Box 551442</u>
<input type="checkbox"/> Add			<u>Orlando, FL 32855</u>
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change	<u>T</u>	<u>Odney Novembre</u>	
<input type="checkbox"/> Add			
<input checked="" type="checkbox"/> Remove			

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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 checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>AT</u>	<u>Marie Dumene Leger</u>	<u>5691 Tulip Avenue</u> <u>Orlando, FL 32839</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>S</u>	<u>Elisena Aladdin</u>	<u>5501 PGA Blvd</u> <u>Orlando, FL 32809</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>Officer</u>	<u>Richardson Eugene</u>	<u>608 Oakford way</u> <u>Orlando, FL 32811</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>AS</u>	<u>Alex Julmis</u>	<u>6745 Meritmoor Cir</u> <u>Orlando, FL 32818</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>T</u>	<u>Fildor Lapointe</u>	<u>5309 Rosegay Ct</u> <u>Orlando, FL 32811</u>
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>Officer</u>	<u>Sorel Pinthiere</u>	<u>5128 Barneget Point Rd</u> <u>Orlando, FL 32808</u>

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The date of each amendment(s) adoption: _____, if other than the 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 listed as the document's effective date on the Department of State's records.

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 05-24-2015

Signature Hernice Charles

(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)

HERNICE CHARLES

(Typed or printed name of person signing)

DR. HERNICE CHARLES Lead Pastor

(Title of person signing)

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