N 10000002624

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



600196997886

03/11/11--01014--015 **35.00

APR 0-5 2011

EXAMINER

COVER LETTER

TO: Amendment Section **Division of Corporations** NAME OF CORPORATION: THE GOSPEL Spoken Word DOCUMENT NUMBER: N 1 DOODOO 2624 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Ronavia Williams E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: RONGVIG WILLIAMS at 305 303-0530 (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 & □ \$43.75 Filing Fee & **□** \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) Mailing Address **Street Address**

> Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 14, 2011

RONACIA WILLIAMS THE GOSPEL SPOKEN WORD INC 3110 NW 166TH ST OPA-LOCKA, FL 33054

SUBJECT: THE GOSPEL SPOKEN WORD INC

Ref. Number: N10000002624

We have received your document for THE GOSPEL SPOKEN WORD INC and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Was there a reason you did not send the first page of your application to amend? If you do not have it, you will need to download another application so that you can resubmit the complete application. You also need to finish the information of the office/director area to include the address of the person listed. You will also need to indicate the manner of adoption and the date of adoption on the last page of your application. Please make all the corrections needed and send back to my attention.

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) 245-6903.

Cheryl Coulliette Regulatory Specialist II

Letter Number: 711A00006097

RECEIVED

www.sunbiz.org

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPOR	LATION: THE GOSP	el Spoken Wor	dinc
DOCUMENT NUMB	ER: <u>11000000</u>	1024	
The enclosed Articles of	of Amendment and fee are subm	itted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Ronavia Will	I (OMS ontact Person)	
	The Gospels	Spoken Word Company)	Inc
	3110 NW 11010th	dress)	
00	a - LOCKa, FL (City/ State	3305U and Zip Code)	
Info	E-mail address: (to be used	OKENWOYD CO	on)
For further information	concerning this matter, please c	all:	
RONGVIA (Name o	Milliams f Contact Person)	at (<u>305</u>) <u>303- (</u> (Area Code & Daytime	530 Telephone Number)
Enclosed is a check for	the following amount made pay	able 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)
Amendi	z Address ment Section n of Corporations ox 6327	Street Address Amendment Section Division of Corporations Clifton Building	,

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the Florida Dept. of State) NODODO 16 1	the Gospel Spot	ken W	ord	Inc		
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: 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) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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:	(Name of Corporation as curre	ently filed with t	he Florida	Dept. of Sta	<u>ite</u>)	
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: 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) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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:	N1000002624					
the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: 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) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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:	(Document Num	iber of Corporation	on (11 knov	vn)		
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) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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:			this <i>Floria</i>	la Not For P	rofit Corporatio	n adopts
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) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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:	A. If amending name, enter the new name of	f the corporation	<u>ı:</u>			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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:					orporated" or t	he
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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:						
(Mailing address MAY BE A POST OFFICE BOX) 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:	(Principal office address <u>MUST BE A STREE</u>	<u>T ADDRESS</u>)				ر عقور د
(Mailing address MAY BE A POST OFFICE BOX) 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:						3 %
(Mailing address MAY BE A POST OFFICE BOX) 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:	5 F			,		- APR
new registered agent and/or the new registered office address: Name of New Registered Agent:						_ L 977
new registered agent and/or the new registered office address: Name of New Registered Agent:						??? ???? •???
new registered agent and/or the new registered office address: Name of New Registered Agent:		-		2		• Su
new registered agent and/or the new registered office address: Name of New Registered Agent:						是 是
Name of New Registered Agent:				Florida, ent	er the name of	the
		tered office add	103.			
New Registered Office Address: (Florida street address)	Name of New Registered Agent:				_	
	New Registered Office Address:	(Floria	la street aa	ldress)	_	
, Florida	-					_
(City) (Zip Code)			(City)		(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.	I hereby accept the appointment as registered			th and accep	n the obligation	is of the
Signature of New Registered Agent, if changing		ignature of Nov	Ragistavad	Agent if cha	nging	

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>	Address	Type of Action
<u>VP</u>	Hakeen Rome	3110 NW 166t OPA-LOCKA FL 33054	Add Add Remove
			Add Remove
E. If am	ending or adding additional Articles, ent in additional sheets, if necessary). (Be spe	er change(s) here:	
		·	

• The date of each amendment(s) ac	
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/were add was/were sufficient for approval.	opted by the members and the number of votes cast for the amendment(s)
There are no members or membadopted by the board of director	pers entitled to vote on the amendment(s). The amendment(s) was/were s.
Dated_03	31/2011
have not	hairman or vice chairman of the board, president or other officer-if directors been selected, by an incorporator – if in the hands of a receiver, trustee, or art appointed fiduciary by that fiduciary)
other con	(Typed or printed name of person signing)
	President
	(Title of nerson signing)