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COVER LETTER

TO: Amendment Section Division of Corporations		•	•
	ER ALLIANCE CHUR	CH, INC.	0.00
DOCUMENT NUMBER: N10000005761			
The enclosed Articles of Amendment and fee are:	submitted for filing.		
Please return all correspondence concerning this n	natter to the following:		
STEVE WIBLE			
	(Name of Contact F	erson)	
CHRIST CENTER ALLIANCE CHURCH			
	(Firm/ Compar	y)	
PO BOX 290597			
	(Address)		P. (1844
DAVIE, FL 33329			
	(City/ State and Zip	Code)	*
CHINESECCAC@GMAIL.COM			
E-mail address: (to be u	sed for future annual re	port notification	1)
For further information concerning this matter, ple	ase call:		
STEVE WIBLE	ai	561	914-6549
(Name of Contact Pers		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made	payable to the Florida	Department of	<u>Stat</u> e:
\$35 Filing Fee Statu		Certif) Filing Fee icate of Status led Copy

enclosed)

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

Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Enclosed)

Certified Copy (Additional Copy is

Articles of Amendment Articles of Incorporation

		01		
CHRIST CENTER ALLIANCE CHURCH, INC.				
Name of Corporation as currently filed with th	e Florida	Dept. of State)		
N10000005761				
(Docur	nent Numb	per of Corporation (if kno	wn)	
Pursuant to the provisions of section 617,1006, Flo amendment(s) to its Articles of Incorporation:	erida Statut	es, this Florida Not For I	Profit Corporation adopts the following	
A. If amending name, enter the new name of th	e corporat	tion:		
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam		ation" or "incorporated"	The new or the abbreviation "Corp." or "Inc."	
B. Enter new principal office address, if applica	_	6500 SW 47TH ST.		
(Principal office address MUST BE A STREET ADDRES		DAVIE. FL 33314-4305		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BQX</u>)	PO BOX 290597		
		DAVIE, FL 33329		
<i>)</i>				
D. If amending the registered agent and/or regi- new registered agent and/or the new register			ater the name of the	
Name of New Registered Agent:	AMY PE	TKE		
	402 W. NEW YORK AVE.			
N. 10		(Florid	da street address)	
New Registered Office Address:	DELAND		. Florida ³²⁷²⁰	
		(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. Amy & Patke

CONTINUED . . .

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: X Change X Remove X Add	PT John De V Mike Je SV Sally S	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
Change Add	<u>T</u>	YING TING CHAN	8455 NEW 189TH ST., #1501 HIALEAH, FL 33015
Remove 2) Change × Add	<u>s</u>	BRIAN JEONG CHIEN	HOLLYWOOD, FL 33026
Remove 3)	<u>Pastor</u>	STEVE WIBLE	10585 GREENBRIAR CT. BOCA RATON, FL 33498
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addit (attach additional shee		icles, enter change(s) here: (Be specific)	
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(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

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Example: <u>X</u> Change <u>X</u> Remove X Add	PT <u>John Da</u> V <u>Mike Jo</u> S <u>Y</u> <u>Saily Sr</u>	nes	
Type of Action (Check One)	<u>Title</u>	Name	<u>A</u> cchress
t) Change Add	<u>P</u>	HAN Y TSANG	2641 REGALIA WAY COOPER CITY, FL 33026
<u> </u>			<u> </u>
2) Change Add	<u>n</u> –	HEANNE CHAN	17121 COLLINS AVE., #3801 SUNNY ISLES, FL 33160
* Remove Change Add Remove	<u>D</u>	IOK C KUAN	14959 SQUTHWEST 20 TER MIAMI, FL 33185
4) Change Add	<u>T</u>	MAGDALENE TONG	2520 NORTHEAST 215 ST. MIAML FL 33180
C. Remove			
5) Change Add	<u>s</u>	LI M ZHANG	6890 SOUTHWEST 88 ST, #B201 MIAMI, FL 33156
x Remove			
6) Change Add	<u> </u>	THOMAS FLANDERS	PO BOX 64 DELAND, FL 32721-0064
Remove			
E. If amending or additional show	ng additional Art ets, if necessary).	icles, enter change(s) here: (Re specific)	

The date of each amendment(s) adoption: 1/24/2023							
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Sote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as							

document's effective date on the Department of State's records.

Adoption of Amendment(s)

(CHECK ONE)

The amendment(s) synchware adopted by the members and the number of votes cast for the amendment(s)

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 2/7/23
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)
Steven M. W. ble (Typed or printed name of person signing)
Pastor (Title of person signing)