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Special Instructions t	to Filin	g Officer:		
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SEURETARY OF STATE ALLAHASSEE, FLORID,

Amend

JB 1-12-11

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: CASA APOSTOLICA Y PROFETICA KABOD, INC.				
DOCUMENT N	UMBER: <u>N1100000040</u>			
The enclosed Ar	ticles of Amendment and fee are submi	itted for filing.		
Please return all	correspondence concerning this matter	to the following:		
_		N VIGO ontact Person)		
	(Name of Co	oniact reison)		
_		PROFETICA KABOD, INC.	<u> </u>	
	(Firm/C	Company)		
_	3145 Fa	irfield Dr.		
	(Ad	dress)		
	Kissimme	e FL, 34743		
_	(City/ State a	and Zip Code)		
_	alvinvigo@	gmail.com		
	`	or future annual report notificat	ion)	
For further infor	mation concerning this matter, please c	all:		
ALVIN VIGO		at (407) 201-2605		
(N	ame of Contact Person)	(Area Code & Daytime	e Telephone Number)	
Enclosed is a che	eck for the following amount made pay	able to the Florida Department of	of State:	
 \$35 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		Street Address Amendment Section		
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building		
	Fallahassee, FL 32314	2661 Executive Center (Tallahassee, FL 32301	Circle	

Articles of Amendment to

Articles of Incorporation of

Casa Apostolica (Name of Corporation as cu	Y Profetica Kabo rrently filed with the Florida Dept. of S	d, Inc.
N1	100000040	
	umber of Corporation (if known)	
Pursuant to the provisions of section 617.100 the following amendment(s) to its Articles of		Profit Corporation adopts
A. If amending name, enter the new name	of the corporation:	
The new name must be distinguishable and abbreviation "Corp." or "Inc." "Company"		corporated" or the
B. Enter new principal office address, if a	pplicable:	
(Principal office address MUST BE A STRI		Des L
		- F O
C. Enter new mailing address, if applicab	ole:	THE THE
(Mailing address <u>MAY BE A POST OF</u>)		
		The state of the s
		res.
	· .	
D. If amending the registered agent and/o		nter the name of the
new registered agent and/or the new re	gistered office address:	•
Name of New Registered Agent:	ARLENE ORTIZ	
•	3145 Fairfield Dr.	
New Registered Office Address:	(Florida street address)	
•	Kissimmee	, Florida 34743
	(City)	(Zip Code)
New Registered Agent's Signature, if chan	ging Resistered Agent:	
I hereby accept the appointment as register position.		ept the obligations of the
	Signature of New Registered Agent, if ch	anging

Page 1 of 3

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>	<u>Address</u>	Type of Action
P	ALVIN VIGO	3145 Fairfield Dr.	☑ Add
		Kissimmee FL, 34743	Remove
	,	AMERICA III	
P/VP	ARLENE VIGO	3145 Fairfield Dr.	
		Kissimmee FL 34743	☑ Rud ☑ Remove
		Kissininge FL, 34743	E_ Remove
VP	ARLENE ORTIZ	24.45 Fairfield De	☑ Add
	ARELINE OITHE	3145 Fairfield Dr. Kissimmee FL, 34743	Remove
		NISSITITIEE FL. 34745	Remove
	nding or adding additional Article additional sheets, if necessary).		
			
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. The date of each amendment(s) a	1/6/2011
Effective date if applicable:	(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 adwas/were sufficient for approva	dopted by the members and the number of votes cast for the amendment(s) 1.
There are no members or mem adopted by the board of directo	bers entitled to vote on the amendment(s). The amendment(s) was/were ors.
DatedSignature	Hue 12011
(By the	chairman or vice chairman of the board, president or other officer-if directors
other co	t been selected, by an incorporator — if in the hands of a receiver, trustee, or our appointed fiduciary by that fiduciary)
,	Arlene Ortiz
_	(Typed or printed name of person signing)
	Vice-president
	(Title of person signing)

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