NIDDDDDDD244

(Re	equestor's Name)	
(Ad	ldress)	<u> </u>
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Amendment Section

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: A Special Place Christian Fellowship, Inc. N11000000244 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Bishop Albert W. Williams, Sr. (Name of Contact Person) A Special Place Christian Fellowship, Inc. (Firm/ Company) 30225 Trophy Trail (Address) Jacksonville, Florida 32009 (City/ State and Zip Code) pastorawwsr@aol.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Zayde Thomas Area Code & Daytime Telephone Number) (Name of Contact Person) 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 (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed) **Mailing Address** Street Address

Amendment Section

Clifton Building

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation** of lnc

A Special Place Christia	<u> </u>		
(Name of Corporation as curren	tly filed with the Florids	Dept. of State)	
N11000000244			
(Doc	cument Number of Corpo	ration (if known)	
Pursuant to the provisions of section 617 amendment(s) to its Articles of Incorpora		nis <i>Florida Not For Profit C</i>	orporation adopts the following
A. If amending name, enter the new n	ame of the corporation:		
The Will of God Christian	n Fellowship, In	С	The new
name must be distinguishable and contai "Company" or "Co." may not be used i		" or "incorporated" or the a	bbreviation "Corp." or "Inc."
B. <u>Enter new principal office address</u> , (Principal office address <u>MUST BE A S</u>			
C. Enter new mailing address, if app (Mailing address MAY BE A POST			14 OCT -2 AH
D. If amending the registered agent a new registered agent and/or the new Name of New Registered Agent	w registered office addi		name of the
New Registered Office Addres	,	rida street address)	
		, Flo	orida
	(City)		(Zip Code)
New Registered Agent's Signature, if a lareby accept the appointment as regis	changing Registered Ag stered agent. I am famili	ent: iar with and accept the oblig	ations of the position.
	Signature of New Reg	gistered Agent, if changing	

Page 1 of 4

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	<u>PT</u> . <u>V</u> <u>SV</u>	John Doe Mike Jone Sally Smit	<u>es</u> th	
Type of Action (Check One)	Title	<u> </u>	<u>Name</u>	Address
1) Change				
Add				
Remove				
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change	<u> </u>			
Add				
Remove				
5) Change				
Add				
				
Remove				
6) Change				
Add				
Remove				

E. If amending or adding additional Arti (attach additional sheets, if necessary).	(Be specific)
10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	

The date of each amendment(s) adoption:		, if other than the	
	Effective date if applicable: 28 September 2014		
Effective date <u>if applicable</u> :		(no more than 90 days after amendment file date)	_
Ado	option of Amendment(s)	(CHECK ONE)	
	The amendment(s) was/w was/were sufficient for a	vere adopted by the members and the number of votes cast for the amendment(s) oproval.	
=	There are no members or adopted by the board of	members entitled to vote on the amendment(s). The amendment(s) was/were directors.	
	Dated	28 September 2014	
	Signature	but W. alleans Sr.	
		chairman or vice chairman of the board, president or other officer-if directors	
		not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)	
	Albert	W. Williams, Sr.	
		(Typed or printed name of person signing)	
	Senior	Pastor	
		(Title of person signing)	