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| (Re | equestor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
| (Ви | siness Entity Nan | ne) |
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| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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OCT 11 2017

COVER LETTER

TO: Amendment Section Division of Corporations

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahussee, FL 32314

| NAME OF CORPORATION | HERMON INTERN ON: | ATIONAL CHRIST | IAN CHURCE | I, INC. | |
|------------------------------------|---|---|--------------------|--|---|
| DOCUMENT NUMBER: | N11000001418 | | | | |
| The enclosed Articles of An | | nitted for filing. | | | _ |
| Please return all correspond | ence concerning this matte | r to the following: | | | |
| GASTON, JOSEPH L _/ PH.I | Э. | | | | |
| | | (Name of Contact Po | erson) | | _ |
| | W-E 1. | (Firm/ Company | • 1 | | _ |
| 5220 RISING COMET LA | NE | (Commercial) | | | |
| | | (Address) | - . | - | _ |
| GREENACRES, FL 33463 | | | | | |
| | | (City/ State and Zip (| Code) | | - |
| BROJOE4U@GMAIL.CO | M1 | | | | |
| ľ | -mail address; (to be used | for future annual rep | ort notification | 11 | _ |
| For further information conc | erning this matter, please | call: | | | |
| REV. JOSEPH L. GASTON | S.Ph.D. | at | | 969-6154 | |
| | (Name of Contact Person) |) | (Area Code) | (Daytime Telephone Number) | - |
| Enclosed is a check for the I | ollowing amount made pag | yable to the Florida I | epartment of ! | State: | |
| □ \$35 Filing Fee | ☐\$43.75 Filing Fee & Certificate of Status | S43.75 Filing Fee Certified Copy (Additional copy is enclosed) | Certif s Certif | 0 Filing Fee icate of Status ied Copy tional Copy is ised) | |
| Mailing Address | | Str | eet Address | | |

Amendment Section

Clifton Building

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

FILED

17 OCT 10 PH 1: 30

SELECTION PH 1: 30

Articles of Amendment to Articles of Incorporation

of

| (Name of Corporation as curren | | Namida Dant of Status | |
|--|----------------------------|---|--|
| N11000001418 | iv med with the r | torida (rept. of State) | |
| | er of Corporation (i | F 1 | |
| (1)Octiment Number | л от Согрогацов (1 | 1 Known) | |
| Pursuant to the provisions of section 617,1006, Florida Statute amendment(s) to its Articles of Incorporation: | s, this <i>Florida Not</i> | For Profit Corporation adopts the following | |
| A. If amending name, enter the new name of the corporati | on: | | |
| | | The new | |
| name must be distinguishable and contain the word "corporat" "Company" or "Co." may not be used in the name. | ion" or "incorpore | ited" or the abbreviation "Corp," or "Inc." | |
| B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>) | 1227 MONROE BLVD | | |
| | LANTANA, FL 3 | 3463 | |
| | | | |
| C. Enter new mailing address, if applicable: | | · · · · · · · · · · · · · · · · · · · | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | |
| | | | |
| | | | |
| | | | |
| D. If amending the registered agent and/or registered offic new registered agent and/or the new registered of fice ac | | da, enter the name of the | |
| Name of New Registered Agent: | | | |
| in the state of th | | | |
| | _ _ | (Florida street address) | |
| New Registered Office Address: | | | |
| | | Florida | |
| | (City) | (Zip Code) | |
| New Registered Agent's Signature, if changing Registered | Agent: | | |
| I hereby accept the appointment as registered agent. I am fai | uttar with and acce | pt the obligations of the position. | |
| | | | |
| Si | anature of New Res | vistered Avent 10 changing | |

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 Doc 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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add

| Example: X Change X Remove X Add | <u>V</u> <u>M</u> | ohn Doe ike Jones illy Smith | |
|-----------------------------------|-------------------|------------------------------------|---|
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| 1) X Change | P | GASTON, JOSEPH L., PH.D. | 5220 RISING COMET LANE |
| Add | | | GREENACRES, FL 33463 |
| Remove | | | - |
| 2) X Change | <u>v</u> | ALEXANDRE, ALPHA, REV | 1227 MONROE BLVD |
| Add | | | LANTANA, FL 33462 |
| Remove | c | ALCINIDAD AMARICAN D | |
| 3) Change X | <u> </u> | ALCINDOR, MARIE GILDA | 5685 STRAWBERRY LAKES CIF LAKE WORTH, FL 33463 |
| A Add | | | LAKE WORTH, FL 33403 |
| 4) Change | т | FRANCOIS, NAZAIRE | 7 ELTON PL |
| Add | | | BOYNTON BEACH, FL 33426 |
| X Remove | | | |
| 5) Change | <u>S</u> | ARCHIBALD, SYLVIO | 632 SEA PINE WAY, APT DI |
| Add | | | GREENACRES, FL 33463 |
| X Remove | | | |
| 6) Change | <u>T</u> | LOUIS, GOLENE | 230 LAKE MONTEREY CIRCLE |
| X Add | | | BOYNTON BEACH, FL 33426 |
| Remove | | | |

| samending or adding ttach additional sheet. | s, if necessary). | (Be specific) | | | | |
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| | 09/24/2017 | |
|--|---|---------------------|
| The date of each amendment date this document was signed | · · · · · · · · · · · · · · · · · · · | , if other than the |
| _ | 09/24/2017 | |
| Effective date <u>if applicable</u> : | (no more than 90 days after amendment file date) | |
| | is block does not meet the applicable statutory filing requirements, this date will not be be Department of State's records. | listed as the |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | |
| ■ The amendment(s) was/w was/were sufficient for ap | ere 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 c | members entitled to vote on the amendment(s). The amendment(s) was/were lirectors. | |
| 09/24 Dated | /2017 | |
| Signature | Jones Luctor | |
| have n | 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) | |
| RE | V. JOSEPH L. GASTON, Ph.D. | |
| _ | (Typed or printed name of person signing) | |
| PR | ESIDENT | |
| | (Title of person signing) | |