## N1100000 1418

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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R. WHITE AUG 0 9 2019

July 25, 2019

MAGDALENA ALEXANDRE 1227 MONROE BLVD LANTANA, FL 33462

SUBJECT: HERMON INTERNATIONAL CHRISTIAN CHURCH INC.

Ref. Number: N11000001418

We have received your document for HERMON INTERNATIONAL CHRISTIAN CHURCH INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6050.

Letter Number: 919A00015192

Rebekah White Regulatory Specialist II Supervisor

www.sunbiz.org

## **COVER LETTER**

\* TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION:	——————————————————————————————————————		inc.
DOCUMENT NUMB	ER:	N11000001418		
The enclosed Articles of	f Amendment and fee are sub	mitted for filing.		
Please return all corres	oondence concerning this matte	er to the following:		
	MAGD	ALENA ALEXANDRE		
		(Name of Contact Perso	n)	,
	HERMON INTER	NATIONAL CHRISTIA	N CHURCI	HINC.
		(Firm/ Company)	_	
	12	27 MONROE BLVD		
		(Address)		<del></del>
		LANTANA, FL 3346	52	
		(City/ State and Zip Coo	le)	<del>-</del>
	CO	ULMAGDA@AOL.CON	4	
	E-mail address: (to be used	d for future annual report	notification	)
For further information	concerning this matter, please	call:		
MA	GDALENA ALEXANDRE		51- 577-	
	(Name of Contact Persor		rea Code)	(Daytime Telephone Number)
Enclosed is a check for	the following amount made pa	ayable to the Florida Dep	artment of S	State:
S35 Filing	Fee □\$43.75 Filing Fee & Certificate of Status	■\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	O Filing Fee cate of Status led Copy is isolated)
Ame Divis	ing Address indment Section iton of Corporations Box 6327 hassee, FL 32314	Amen Divisi Cliftor 2661	Address dment Section of Corpor Building Executive Classee, FL 3	enter Circle

## **Articles of Amendment**

Articles of Americanient to

Articles of Incorporation of

HERMON INTERNATIONAL CHRISTIAN CHURCHING. 29 PH 1: 20

(Name of Corporation as	currently filed with the Flo	rida Dept. of State)
	N11000001418	
(Documen	t Number of Corporation (if k	(nown)
Pursuant to the provisions of section 617,1006, Florida amendment(s) to its Articles of Incorporation:	a Statutes, this <i>Florida Not Fo</i>	or Profit Corporation adopts the following
A. If amending name, enter the new name of the co	orporation:	
		The new
name must be distinguishable and contain the word "c "Company" or "Co." may not be used in the name.	vorporation" or "incorporate	ed" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable	1227 MONROE BL	.VD LANTANA, FL 33462
(Principal office address MUST BE A STREET ADD		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	1227 MONROE BL	VD LANTANA, FL 33462
(maining dutiess MAT BE ATOST OFFICE DO	<u></u>	
D. If amending the registered agent and/or register		i, enter the name of the
new registered agent and/or the new registered	<del></del>	
Name of New Registered Agent:	MAGDALENA ALEXANDI	₹E
	1227 MONRO	DE BLVD
New Registered Office Address:	d	Florida street oddress)
<del></del>	.ANTANA	33462
	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Reg	istered Agent:	
I hereby accept the appointment as registered agent.		ot the obligations of the position.
	Mark 1	Dlane 1
64	//////////////////////////////////////	Haran Jule stered Agent, if 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 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.

<u>V</u> <u>Mike</u>	Jones	
<u>Title</u>	<u>Name</u>	<u>Addres</u> s
Þ	Gaston, Joseph I, ph.d.	5220 RISING COMET LANE
		GREENACRES, FL 33643
Р	ALEXANDRE, ALPHA, REV.	1227 MONROE BLVD
		LANTANA, FL 33462
T	GORDON, GOLENE LOUIS	230 LAKE MONTEREY CIR.
		BOYNTON BEACH, FL 33426
s	ALCINDOR, MARIE GILDA	5685 STRAWBERRY LKES CIR I
		LAKE WORTH, FL 33463
S	STEPHENS, KENOLD	6180 COUNTRY FAIR CIR
		BOYNTON BEACH, FL 33437
ASST T	MONTREUILLE, BERNICE	2840 BLUE SPRUCE CT
		LAKEWORTH, FL 33463
	P  Title  P  S  S	P Gaston, Joseph I, ph.d.  P ALEXANDRE, ALPHA, REV.  T GORDON, GOLENE LOUIS  S ALCINDOR, MARIE GILDA  S STEPHENS, KENOLD

E. If amending or adding additional Art	icles, enter change(s) here:		
. (attach additional sheets, if necessary).	(Be specific)		
NA			
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08/02/2019	
The date of each amendment(s) adoption:late this document was signed.	, if other than the
08/02/2019 Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will no locument's effective date on the Department of State's records.	ot be listed as the
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	
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	
Signature A can A Alexandre  (By the chairman or vice chairman of the board, president or other officer-if directors	
thave not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
ALPHA ALEXANDRE REV.	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

Attached is a form for filing Articles of Amendment to amend the articles of incorporation of a Florida Not for Profit Corporation pursuant to section 617,1006. Florida Statutes. This is a basic amendment form and may not satisfy all statutory requirements for amending.

A corporation can amend or add as many articles as necessary in one amendment.

- The original incorporators cannot be amended.
- If amending the name of the corporation, the new name must be distinguishable on the records of the Florida Department of State. A preliminary search for name availability can be made through the Division's website at www.sunbiz.org. You are responsible for any name infringement that may result from your corporate name selection.
- If amending the registered agent, the new agent must sign accepting the appointment and state that he/she is familiar with the obligations of the position.
- If amending/adding officers/directors, list titles and addresses for each officer/director.

If a section is not being amended, enter N/A or Not Applicable. The document must be typed or printed and must be legible.

The document must be typed or printed and must be legible.

Pursuant to section 617.0123. Florida Statutes, a delayed effective date may be specified but may not be later than the 90th day after the date on which the document is filed.

acknowledgment)

Certified Copy (optional) \$8.75

Certificate of Status (optional) \$8.75

Send one check in the total amount made payable to the Florida Department of State.

Please include a letter containing your telephone number, return address and certification requirements, or complete the attached cover letter.

Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314

Tallahassee, FL 32301

For further information you may call the Amendment Section at (850) 245-6050

CR2E009 (4/15)