W110000004785

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	POWER AND AUTHORITY WORSHIP CENTER ON:
	N11000004785
DOCUMENT NUMBER: _	
The enclosed Articles of Am	nendment and fee are submitted for filing.
Please return all corresponde	ence concerning this matter to the following:
	ROSE KING
	(Name of Contact Person)
	(Firm/ Company)
	619 GRAND ROYAL CIRCLE
	(Address)
	WINTER GARDEN, FL 34787
	(City/ State and Zip Code)
	POWERANDAUTHORITY.KING@GMAIL.COM
E	-mail address: (to be used for future annual report notification)
For further information conc	erning this matter, please call:
ROSE KING	321 960-8894 at
	(Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the for	ollowing amount made payable to the Florida Department of State:
□ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status (Additional copy is enclosed) \$52.50 Filing Fee Certificate of Status (Certificate of Status Certified Copy (Additional Copy is Enclosed)

Mailing Address

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

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

POWER AND AUTHORITY WORSHIP CENTER, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

N11000004785

(Document Numb	ber of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	tes, this Florida Not For Profit Corporation adopts th	e following
A. If amending name, enter the new name of the corporat	tion:	
N/A		The new
name must be distinguishable and contain the word "corpora "Company" or "Co." may not be used in the name.	ation" or "incorporated" or the abbreviation "Corp.	or "Inc."
B. Enter new principal office address, if applicable:	N/A	
(Principal office address <u>MUST BE A STREET ADDRESS</u>	<u> </u>	
		<u>. </u>
C. Enter new mailing address, if applicable:	N/A	
(Mailing address MAY BE A POST OFFICE BOX)	IVA	
		···
D. If amending the registered agent and/or registered offi	fice address in Florida, enter the name of the	
new registered agent and/or the new registered office a	address:	
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
	, Florida	
	(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered	d Agent:	
I hereby accept the appointment as registered agent. I am fo	amiliar with and accept the obligations of the position	l.
	Signature of New Registered 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.

Example: X Change X Remove X Add	<u>V Mi</u>	nn Doe ke Jones lly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	TD	Judnetta Smith	164 Timbercreek Pines Circle
X Add			Winter Garden, FL 34787
Remove			
2) X Change	VSD	Rose M. King	619 Grand Royal Circle
Add			Winter Garden, FL 34787
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

. If amending or adding additional Ar (attach additional sheets, if necessary).	(Be specific)			
N/A				
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	<u> </u>			

	date of each amendment(s) adoption:	, if other than the
date th	this document was signed.	
Effect	ective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)	
	e: If the date inserted in this block does not meet the applicable statutory filing requirements, the iment's effective date on the Department of State's records.	nis date will not be listed as the
Adop	ption of Amendment(s) (<u>CHECK ONE</u>)	
	The amendment(s) was/were adopted by the members and the number of votes cast for the amewas/were sufficient for approval.	endment(s)
	There are no members or members entitled to vote on the amendment(s). The amendment(s) valopted by the board of directors.	vas/were
	September 30, 2016 Dated	
	Signature Ruse M. King	
	(By the chairman or vice chairman of the board, president or other officer-if have not been selected, by an incorporator — if in the hands of a receiver, trother court appointed fiduciary by that fiduciary)	
	Rose M. King	
	(Typed or printed name of person signing)	
	Vice President/Secretary	
	(Title of person signing)	