N11000006478

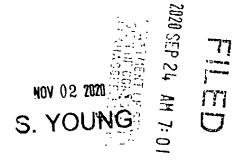
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COVER LETTER

TO: Amendment Section Division of Corporations

International C	Center of Deliverance Inc.	
N11000006478	10	
DOCUMENT NUMBER:		
The enclosed Articles of Amendment and fee a	re submitted for filing.	
Please return all correspondence concerning thi	s matter to the following:	
Errol D. Hall Sr.	•	
	(Name of Contact Person	1}
International Center of Deliverance Inc.		
	(Firm/ Company)	
8910 Miramar Parkway, Ste 213.		
	(Address)	
Miramar FL 33025		
	(City/ State and Zip Cod	e)
ideministries@gmail.com		
E-mail address: (to b	oe used for future annual report	notification)
For further information concerning this matter.	please call:	
Ailene Burton	95. • at	4-985-455 C
(Name of Contact I	Person) (Ar	ca Code) (Daytime Telephone Number)
Enclosed is a check for the following amount m	ade payable to the Florida Depa	artment of State:
☐ \$35 Filing Fee ☐ \$43.75 Filing Fe Certificate of St	ee & \$\Begin{align*} \Pi \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	■\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address Amendment Section		Address Iment Section

Amendment Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

International Center of Deliverance Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N11000006478 (Document Number of Corporation (if known) Pursuant to the provisions of section 617,1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: International Deliverance Center Inc. name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: (Florida street address) New Registered Office Address: , Florida (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. 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>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change Add			
Remove			
2) Change Add			
Remove 3) Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove		•	
6) Change Add			
Remove			
E. If amending or addin (attach additional shee	g addition	onal Articles, enter change(s) here: (Sury). (Be specific)	
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The date of each amendment date this document was signed	l.					if other than the
Effective date <u>if applicable</u> :	9/22/2020					
		no more than 90 days				
<u>Note:</u> If the date inserted in the document's effective date on the	nis block does he Departmen	not meet the applicable of State's records.	de statutory fil	ing requiremer	its, this date will no	of be listed as the
Adoption of Amendment(s)	(CHECK ONE)				
☐ The amendment(s) was/was/were sufficient for ap	vere adopted b oproval.	y the members and th	e number of vo	otes cast for the	e amendment(s)	

	9/22/2020
Dated	
Signatu	
	(By the chairman or was harrman of the board, president or other officer-if directors
	have not been selected, by an interporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	have not been selected, by an incorporator – if in the hands of a receiver, trustee, or
·	have not been selected, by an interporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)