## Moccions

(Re	equestor's Name)	
(Ac	ddress)	
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PICK-UP	MAIT	MAIL
(Bı	usiness Entity Name)	
(Do	ocument Number)	
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JUN 2 7 2017 S. YOUNG



## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

holy ghost revival	l center deliverance & so	oulwinning mi	nistries Inc.	
N11000006703 DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee are s	ubmitted for filing.			
Please return all correspondence concerning this m	atter to the following:			
Warren Copeland				
	(Name of Contact Po	erson)		
Holy Ghost Revival Center				
	(Firm/ Company	·)		
1457 NW 99th st				
	(Address)			
Miami, FI 33147				
	(City/ State and Zip	Code)		
bishopcopeland@yahoo.com				
E-mail address: (to be u	sed for future annual rep	ort notification	n)	
For further information concerning this matter, plea	ase call:			
Warren Copeland	•	305	763-2111	
(Name of Contact Pers		(Area Code)	(Daytime Telephone Number)	
Enclosed is a check for the following amount made	payable to the Florida I	Department of	State:	
	& □\$43.75 Filing Fee is Certified Copy (Additional copy i enclosed)	Certif s Certif	0 Filing Fee Teate of Status Ted Copy tional Copy is osed)	
Mailing Address		eet Address		
Amendment Section Division of Cornorations		Amendment Section Division of Corporations		

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

HOLY GHOST REVIVAL CENTER DELIVRANCE & SOULWINNING MINISTRIES INC.

(Name of Corporation as cur	rently filed with the	Florida Dept. of State)		
N11000006703				
(Document No	umber of Corporation	(if known)		
Pursuant to the provisions of section 617,1006, Florida Sta amendment(s) to its Articles of Incorporation:	atutes, this <i>Florida No</i>	t For Profit Corporation ad	opts the	followi
A. If amending name, enter the new name of the corpo	oration:			
n/a				The ne
name must be distinguishable and contain the word "corp "Company" or "Co." may not be used in the name.	oration" or "incorpor	rated" or the abbreviation "	Corp. "	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	n/a			
ir mequi office uuuress <u>most be A Street Ambre.</u>	<u></u>			<b>.</b>
			•	7
				7.2
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	n/a	;	•	:3 :
			<u></u> -	د.،
			3.3	<u>(7)</u>
D. If amending the registered agent and/or registered of	office address in Flor	ida, enter the name of the	2.5	
new registered agent and/or the new registered offic	ce address:			
Name of New Registered Agent: n/a				
N D ( / Off / ) /		(Florida street address)		
<u>New Registered Office Address:</u> n/a			n/o	
	(Circle	, Florida	11/a	
	(City)	(Zip Co	oac)	
New Registered Agent's Signature, if changing Register				
I hereby accept the appointment as registered agent. I an	n familiar with and acc	cept the obligations of the po	osition.	
	Signature of Mon. D.	egistered 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</u> <u>Mi</u>	nn Doc ke Jones lly Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	vp	jeffrey roberts	1400 NW 10th Ave,
Add			apt #1609
x Remove			Miami, Fl 33136
2) X Change	D	Linda Rush	1457 NW 99th st
Add			Miami, Fl 33147
Remove			
3 ) Change	<u>T</u>	Fred Stimage	4020 NW 17th Ave
X Add			Miami, Fl 33142
Remove			
4) Change	T	Monique Harris	1775 NW 43rd st
XAdd			Miami, Fl 33142
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

attach additional sheets, if necessary).	(Be specific)	nge(s) here:	•		
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·	June 6, 2016	
The date of each amend	dment(s) adoption:	, if other than the
date this document was s	signed.	
	June 6, 2016	
Effective date <u>if applica</u>	ante:  (no more than 90 days after amendment file date)	
	d in this block does not meet the applicable statutory filing requirements, this date will record the Department of State's records.	iot be listed as the
Adoption of Amendme	nt(s) ( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were sufficient	was/were adopted by the members and the number of votes cast for the amendment(s) for approval.	
There are no memb adopted by the boa	pers or members entitled to vote on the amendment(s). The amendment(s) was/were and of directors.	
Dated	June 6, 2016	
Signature	Wans Oct 1	<u></u>
	By the chairman or vice chairman of the board, president or other officer-if directors	
	have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
	other court appointed reductary by that reductary)	
	Warren Copeland	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	