

N11000007688

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

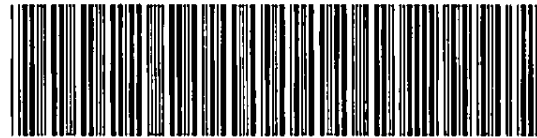
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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OCT 03 2017

R. WHITE

SECRETARY OF
TALLAHASSEE COUNTY

17 OCT -2 AM 10:58

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 24, 2017

ARLEN HILL
1005 17TH ST
WEST PALM BEACH, FL 33407

SUBJECT: PRAYER HOUSE USA, INC.
Ref. Number: N11000007625

* Please note:
Check already previously submitted.

Thank you! 😊

We have received your document for PRAYER HOUSE USA, INC. and your check(s) totaling \$35.00. 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.

Rebekah White
Regulatory Specialist II

Letter Number: 817A00017464

RECEIVED
SEP 22 AM 11:36
FARMER, W. STATE
SIGN OF CORPORATION
FLABASCAPE FLORIDA

RECEIVED
OCT -2 AM 11:37

[Handwritten signature]

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Prayer House USA, Inc.

DOCUMENT NUMBER: N11000007625

The enclosed *Articles of Amendment* and fee are submitted for filing. ✓

Please return all correspondence concerning this matter to the following:

Arlen Hill
(Name of Contact Person)
Prayer House USA, Inc.
(Firm/ Company)
1005 17th Street
(Address)
West Palm Beach, Florida 33407
(City/ State and Zip Code)
PrayerHousesofthePalmBeaches@gmail.com
(E-mail address: (to be used for future annual report notification))

For further information concerning this matter, please call:

Arlen Hill at 561 262-6399
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|---|--|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed) |
|---|---|--|--|
- *Previously sent and submitted ✓
Please see cover notification letter.

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

(Handwritten signature/initials)

Articles of Amendment
to
Articles of Incorporation
of

FILED

17 OCT -2 AM 10: 58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Prayer House USA, Inc.

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

N11000007625

(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:

N/A

The new 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)

1005 17th Street

West Palm Beach, Florida 33407

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1005 17th Street

West Palm Beach, Florida 33407

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: Arlen Hill

(Florida street address)

New Registered Office Address:

1005 17th Street West Palm Beach

(City)

Florida 33407

(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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input checked="" type="checkbox"/> Change	<u>P-CEO</u>	<u>Arlen Hill</u>	<u>1005 17th Street</u>
<input type="checkbox"/> Add			<u>West Palm Beach, Florida 33407</u>
<input type="checkbox"/> Remove			
2) <input checked="" type="checkbox"/> Change	<u>VP</u>	<u>Chad Hill</u>	<u>1005 17th Street</u>
<input type="checkbox"/> Add			<u>West Palm Beach, Florida 33407</u>
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	<u>D-Brow;</u>	<u>Sarah Bones</u>	<u>1940 SW 81st Avenue, #108</u>
<input checked="" type="checkbox"/> Add	<u>Director</u>	<u>- of Broward County</u>	<u>North Lauderdale, Florida 33068</u>
<input type="checkbox"/> Remove		<u>Operations</u>	
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			



N/A

N/A



The date of each amendment(s) adoption: N/A, if other than the date this document was signed.

Effective date if applicable: N/A
(no more than 90 days after amendment file date)

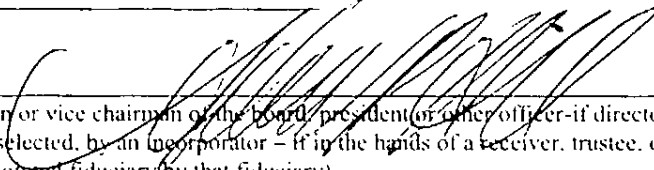
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- ☐ 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 08/07/2017

Signature


(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)

Arlen Hill

(Typed or printed name of person signing)

President / CEO

(Title of person signing)