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Amend

SEP 1-9 2020

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

TRUE SANCTUAR' NAME OF CORPORATION:	Y OF PRAISE INC		
N11000008446 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are subm	mitted for filing.		
Please return all correspondence concerning this matte	er to the following:		
DWAYNE C. PERRY			
	(Name of Contact P	erson)	
TRUE SANCTUARY OF PRAISE, INC.			
	(Firm/ Compan	y)	
13194 US HWY 301 S SUITE 193			
	(Address)		
RIVERVIEW, FL 33578			
	(City/ State and Zip	Code)	
COURTNEY.HOLLEY@TSOPCHURCH.ORG			
E-mail address: (to be used	for future annual re	port notification	1)
For further information concerning this matter, please	call:		
COURTNEY HOLLEY	at	813	927-2957
(Name of Contact Person)			(Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida	Department of	State:
□ \$35 Filing Fee ■\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy enclosed)	Certif is Certif	Filing Fee featus feed Copy is seed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Ar Di	reet Address mendment Sectivision of Corpo ne Centre of T	prations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

TRUE SANCTUARY OF PRAISE, INC.

(Name of Corporation as currently filed with the Flo	orida Dept. of State)	
N11000008446		
(Document	Number of Corporation (if know	n)
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For Pa	rofit Corporation adopts the following
A. If amending name, enter the new name of the co	rporation:	
		The new
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	orporation" or "incorporated" o	er the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:		<del></del>
(Principal office address <u>MUST BE A STREET ADD</u>	RESS )	2020
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	V)	- Property
(Mailing address MAT BE A POST OFFICE BO)	<u> </u>	
		<u>.                                    </u>
D. If amending the registered agent and/or registers	ed office address in Florida, en	ter the name of the
new registered agent and/or the new registered of		the hanc of the
Name of New Registered Agent:		
	(Florid	a street address)
New Registered Office Address:		
		Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regil hereby accept the appointment as registered agent.	istered Agent: I am familiar with and accept the	obligations of the position.
	Signature of New Registered	1 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	PT John Do V Mike Jo SV Sally Si	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add	TREAS	DEIRDRE N KELSEY-HOLLEY	1165 MONTGOMERY BELL RD WESLEY CHAPEL, FL 33543
× Remove			
2) Change x Add	DIR	TRINITY BYERS	13908 ARBOR PINES DR RIVERVIEW, FL 33579
Remove 3 ) Remove Add Remove		<del></del>	
4) Change Add		<del></del>	
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or additional sheet	ng additional Arti	icles, enter change(s) here: (Be specific)	
		<u></u>	
			<u> </u>

	<del></del>
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	<del></del>
The date of each amendment(s) adoption:	if other than the
date this document was signed.	, Salet man tile
uate this document was signed.	
JULY 15, 2020	
Effective date if applicable:	<del> </del>
in a many them OO days of an amount of the data.	
(no more than 90 days after amenament tile date)	
(no more than 90 days after amendment file date)	

<u>Note:</u> 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.

The day in a second	
adopted by the bo	bers or members entitled to vote on the amendment(s). The amendment(s) was/were ard of directors.
, Dated	07/15/2020
Signature	Vucun Cterry
	(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)
	DWAYNE C. PERRY
!	(Typed or printed name of person signing)
	PRESIDENT
į	(Title of person signing)