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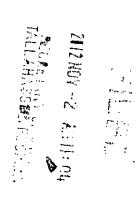
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use On	lv

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And In

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: <u>Church of G</u>	od of Prophecy of Sanford Floridatine.
DOCUMENT NUMBER: W12000017178	
The enclosed Articles of Amendment and fee are submitte	d for filing.
Please return all correspondence concerning this matter to	the following:
LORETTA MILWOOD	me of Contact Person)
Church of God of Prophec	of Sanford Horida INC
301 S. Oak Avenue	(Address)
Sanford FL 327	y/ State and Zip Code)
Myhope 2699 @ Aol E-mail address: (to be used for	future annual report notification)
For further information concerning this matter, please call:	:
LORETTA MILWOOD (Name of Contact Person)	at (407) 321 - 054 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount made payable	e to the Florida Department of State:
(/	43.75 Filing Fee & S52.50 Filing Fee Certified Copy Additional copy is Certified Copy (Additional Copy is Enclosed) 43.75 Filing Fee Certified Copy (Additional Copy is Enclosed)
Mailing Address	Street Address
Amendment Section Division of Corporations	Amendment Section Division of Corporations

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

October 23, 2012

LORETTA MILWOOD CHURCH OF GOD OF PROPHECY OF SANFORD 301 S. OAK AVENUE SANFORD, FL 32771

SUBJECT: CHURCH OF GOD OF PROPHECY OF SANFORD FLORIDA, INC.

Ref. Number: N12000003758

We have received your document for CHURCH OF GOD OF PROPHECY OF SANFORD FLORIDA, INC. and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must be signed by the chargen, any vice care of the cuand of directors, its president, or another of its cares.

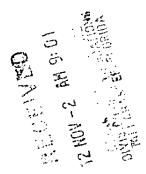
The registered agent cannot sign document.

Please return your document, along with a copy of this letter, within a copy of this letter, wit

If you have any questions concerning the fiting of your document, placed (850) 245-6050.

Sylvia Gilbert Regulatory Specialist II

Letter Number: 812A00025956



www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

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	Articles of Amendment	2400 M
	Articles of Incorporation	19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
1 1 0 0 1 0	of	- 1 18/24 Sid
hurch of God of		-ord HoridanINC
(Name of Corporation as currently	y filed with the Florida Dept. of State)	- 0
	N1200000375) <u>&</u>
(Document	Number of Corporation (if known)	
suant to the provisions of section 617.10 endment(s) to its Articles of Incorporation	006, Florida Statutes, this <i>Florida Not For Pr</i> oon:	ofit Corporation adopts the following
If amending name, enter the new name	ne of the corporation:	
		The new
me must be distinguishable and contain company" or "Co." may not be used in	the word "corporation" or "incorporated" of the name.	
Enter new principal office address, if	applicable:	
incipal office address <u>MUST BE A ST</u>	REET ADDRESS)	
Enter new mailing address, if applic		
(Mailing address <u>MAY BE A POST O</u>	FFICE BOX	
	-	
	l/or registered office address in Florida, ent	er the name of the
If amending the registered agent and new registered agent and/or the new		er the name of the
		er the name of the
new registered agent and/or the new	registered office address:	er the name of the
new registered agent and/or the new Name of New Registered Agent:		er the name of the
<u>Name of New Registered Agent:</u>	registered office address:	er the name of the
new registered agent and/or the new	registered office address:	er the name of the

Signature of New Registered Agent, if changing

Page 1 of 4

address of each Offi (Attach additional sh Please note the office P = President; V = V. Executive Officer; Cl	icer and/or Director leets, if necessary) or/director title by the lice President; T= Tree	oeing added: first letter of the offi usurer; S= Secretar Officer. If an office	ice title: y; D= Director; TR= Trus	lirector being removed and title, name, and tee; C = Chairman or Clerk, CEO = Chief n one title, list the first letter of each office
a change, Mike Jone:		on, Sally Smith is na		ST and Mike Jones is listed as the V. There is ould be noted as John Doe, PT as a Change,
Example: X Change X Remove X Add	PT John D V Mike J SV Sally S	ones		
Type of Action (Check One)	Title	Name		<u>Addres</u> s
1) K Change Add Remove	TR Solomon V		Milwood Died.	122 Wax Myrtle Dr Sanford Florida 32773
2) Change Add Remove	IR Carolyn	<u>Caroly</u> Williams	N Williams 3rd TR.	1502 Forest Dr. Sanford, Florida 32771
3) Change Add Remove	<u>TR</u> Nathan		l Milwood d Additional- Trystee	122 Wax Myrtle De Sanford, Florida 32773
4) Change	_PR_	Loretta	Milwood	122 Wax mystle Dr Sanford, FL32773
Remove				

5) ____ Change

____ Add

6) ____ Change

___ Add

___ Remove

____ Remove

The	e date of each amendment(s) adoption: 10-17-12	
Eff	fective date if applicable: (no more than 90 days after amendment file date)	1
Ad	option 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.	
卤	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 10-14-12 KAMSA Registered	
	(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)	
	WENNETH M SSTT LORETTA MILWOOD (Typed or printed name of person signing)	
	Recorded Agent TR (Title of person signing)	

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