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C. GOLDEN MAY 2.2 2018

COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: Through the Word Church INC N12000004045 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Trevorton Ferguson
(Name of Contact Person) (Firm/ Company) 2710 NW 31d Street Pompono Beach, FL, 33069
(City/State and Zin Gode) bastor_t1 Shotmail. com

E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Trenton Fequeson at 754 779 5/34

(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: **△**\$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is (Additional Copy is enclosed) Enclosed) Street Address **Mailing Address**

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

Through the Wo	

N12000040 (Document N	Number of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Samendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corp. True Vision W	poration: Ord Ministry Inc The new proporation or "incorporated" or the abbreviation "Corp." or "Inc."
name must be distinguishable and contain the word "cor "Company" or "Co." may not be used in the name.	orporation" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	o <u>N</u> A
D. If amending the registered agent and/or registered new registered agent and/or the new registered of Name of New Registered Agent:	
New Registered Office Address:	(Florida street address)
	Florida (City) (Zip Code)
New Registered Agent's Signature, if changing Regist hereby accept the appointment as registered agent. It is	stered 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)	<u>Title</u>	<u>Name</u>	Address
1) Change		<u> </u>	
Add		,	
Remove			
2)Change			
Add			
Remove		N. I.A.	
3) Change			
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4) Change			
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5) Change		<i>\\/A</i>	
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	ach amendment(s) ad	option: $/e$	bruary	25,2018	, if other than the
date this docu	ment was signed.		ک		
Effective date	e if applicable:		N/H		
		(no more than 90 da	iys after amena	ment file date)	
		ck does not meet the applic partment of State's records		filing requirements, this	s date will not be listed as the
Adoption of A	Amendment(s)	(CHECK ONE)			
	ndment(s) was/were ac sufficient for approva	lopted by the members and il.	the number of	votes east for the amer	idment(s)
	e no members or mem by the board of direct	pers entitled to vote on the ors.	amendment(s).	The amendment(s) wa	ıs/were
	Dated	May 15, 2018	3		
	Signature	Georgeson			
	have not be	man or vice chairman of the en selected, by an incorpor appointed fiduciary by that	ator – if in the		
		TRE VOR TO. (Typed or p	N FER	16 15 ON	
		(Typed or p	rinted name of	person signing)	
		Bisho	0P/ D	irector_	
			(Title of person	n signing)	