

N12000011409

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

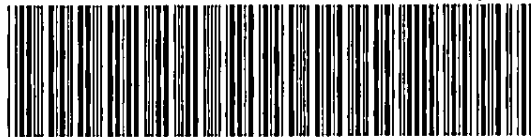
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

will wait

Office Use Only



400333795424

400333795424  
09/16/19--01002--006 ++35.00

S TALLENT

SEP 13 2019

2019 SEP 13 PM 4:11

Amend

FILED  
2019 SEP 13 PM 4:16  
SECRET STATE  
TOLSON/ASSISTANT

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: GATE HEAVEN APOSTOLIC FAITH INC

DOCUMENT NUMBER: N12000011409

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

Please return all correspondence concerning this matter to the following:

MRS. SONJI ROBINSON

(Name of Contact Person)

167 CAROUSEL CIRCLE

(Address)

CRAWFORDVILLE, FLORIDA 32327

(City/ State and Zip Code)

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MRS. RUTHIE M. COLEMAN

(Name of Contact Person)

at 3111 PASCO STREET (850-329-7675)

(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 &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>Enclosed) |
|---|--|---|--|

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

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: GATE HEAVEN Apostolic Faith Inc

DOCUMENT NUMBER: NI2000011409

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

Please return all correspondence concerning this matter to the following:

Mrs. Sonji Robinson  
(Name of Contact Person)

167 Carousel Circle  
(Address)

Crawfordville, Florida 32327  
(City/ State and Zip Code)

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mrs Ruthie M. Coleman at 311 Pasco Street (850) 329-7675  
(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 &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>Enclosed) |
|---|--|---|--|

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

Articles of Amendment  
to  
Articles of Incorporation

Gate to Heaven Apostolic Faith Ministry Inc  
(Name of Corporation as currently filed with the Florida Dept. of State)

112000011409

(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:

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)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Sam B Robinson

167 Carousel Circle

(Florida street address)

New Registered Office Address:

Crawfordville

(City)

Florida

32327

(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

Sam B Robinson  
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>

Type of Action  
(Check One)

Title

Name

Address

1) ☐ Change

PP

Michael Coleman

3111 Pasco ST

Tallahassee, FL 32305

☐ Add

☒ Remove

2) ☐ Change

PD

Sonji Robinson B

167 Carousel Circle

Crawfordville, FL 32327

☒ Add

☐ Remove

3) ☐ Change

D

Michael

~~Michael~~ Coleman

3111 Pasco ST

Tallahassee, FL 32305

☒ Add

☐ Remove

4) ☐ Change

D

ALFREDA Coleman

2027 Linplum LN

Tallahassee, FL 32305

☐ Add

☒ Remove

5) ☐ Change

Director

Mark Coleman

3111 Pasco ST

Tallahassee, FL 32305

☒ Add

☐ Remove

6) ☐ Change

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

☐ Add

☐ Remove

E. If amending or adding additional Articles, enter change(s) here:  
(attach additional sheets, if necessary). (Be specific)

9/8/2019

The date of each amendment(s) adoption: \_\_\_\_\_ if other than the date this document was signed.

Effective date if applicable: \_\_\_\_\_  
(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 \_\_\_\_\_

Signature Mrs. Ruthie M. Coleman  
(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)

Mrs. Ruthie M. Coleman  
(Typed or printed name of person signing)

Secretary  
(Title of person signing)