

NI3000003415

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(Address)

(Address)

(City/State/Zip/Phone #)

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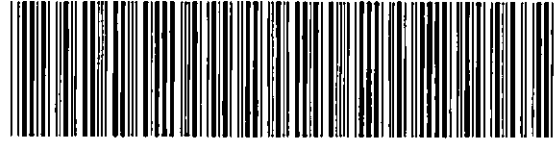
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: House of God's Power Inc

DOCUMENT NUMBER: N 13000003415

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

Please return all correspondence concerning this matter to the following:

Pastor Frances Cabian

(Name of Contact Person)

House of God's Power Inc

(Firm/ Company)

872 NE 195th St # 120

(Address)

Miami Beach FL 33179.

(City/ State and Zip Code)

Pastorfran@yahoo.com

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

For further information concerning this matter, please call:

Pastor Fran

(Name of Contact Person)

at 646 702-3633

(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) |
|---|--|---|--|

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

House of Gods Power Inc

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

N 13 000003415

(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:

New Registered Office Address:

(Florida street address)

(City)

Florida

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

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	D	Cobian, Leo	877 NE 195 STE 120 North Miami Beach FL 33179
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	VP	John Rick Stevens	2677 Ostia Circle Jacksonville FL 32246
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	MD	KIM GAINES	6732 SW 33rd St Miramar FL 33023
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	BD	Shelia Desire	877 NE 195 St #220 North Miami Bch FL 33179
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	DM	Irene Estada	2424 Kingsland Ave Bronx NY 10469
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

~~K~~ K.

☒ 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 October 3, 2024

Signature Pastor Frances Cobin

(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)

Pastor Frances Cobin

(Typed or printed name of person signing)

President, Secretary, Treasurer

(Title of person signing)

TO: Amendment Section
DIVISION OF Corporation
P.O. Box 6327
Tallahassee, FL 32314

October 3, 2024

ARTICLES OF Amendment
HOUSE OF GOD'S POWER INC,
N 13000003415

E. ADDITIONAL ARTICLES HERE:

K. Provides extensive live stream webinars and available mobile training in FEMA protocols, Mental Health First Aid, CPR, and AED certification, ensuring that our participants and chaplains are well-prepared to handle emergencies. Participants learn the skills necessary to offer spiritual, emotional, and mental health support to individuals from diverse backgrounds. The goals of mobile team training is to conduct courses within short travel distances within the USA for the next three years.

This training emphasizes active listening, cultural competency, and non-discrimination, enabling our participants and chaplains to provide inclusive and respectful support. Training also covers essential topics such as disaster response, crisis intervention, and pastoral care, preparing participants and chaplains to serve in various settings, including hospitals, shelters, and law enforcement agencies. By completing this training, participants and chaplains are equipped to offer hope and guidance during times of chaos and despair.

L. HOGP advocates and promotes Awareness, Prevention and Intervention against Narcissistic Personality Disorder and Victimization HOGP has designed strategic innovative LIVE-STREAM WEBINARS: which include but not limited to: HOGP combinations of PLAY therapy with individual Spiritual therapy focus to challenge and confront feelings of shame, dependency, difficulty relating to others, and narcissistic fantasies.

Innovative approach will focus on encouraging victims and or survivors to address the following: negative memories, traumatic events, emotional triggers and impulses.

M. To lessen alarming events and the impact of trauma in the schools, HOGP chaplains will be available to volunteer in providing Intervention, Prevention and Awareness methods against 'School Violence' in the public and private schools. Teach the children and School staff how to pray.

N. Provide Career Guidance/Mentoring workshops with our LEADING BEYOND EXPECTATION Workshops "LBE" After completing LBE educational and family lifestyle evaluation and assessment with participants. LBE Evaluators will identify skills, gifts, interest, generational gifts and internal dreams of individual career goals. LBE Evaluator will then design a custom-made road map aka blue print to teach step by step how to reach to the dream and or goals of the participant. Each participant will be provided with the do and don't to success and prevention to failure in their lives.

O. Provide wrongfully incarcerated persons with mentors who are former incarcerated individual who are leading a progressive lifestyle. Provide insight on how to write legal instruments, seek early release, clemency and maintained a sound mind while incarcerated.

P. Provide insight testimonies and samples on how to be an effective pro se litigant. Mentorship on how to conduct legal research and role play sessions on code of judicial conduct.

Q. Socially focused online adult advocacy zoom meetings. Instead of resorting to homecare, life-loving participants revel in our upbeat social component zoom meetings that improves their quality of living.

Most target populations we focus on are dealing with health matters common with age, including but not limited to diabetes, hypertension, high cholesterol, melancholy, Dementia, and Alzheimer's.

At HOGP, we never allow any situation to diminish the joys of daily life, as our compassionate, qualified staff and volunteers collaborates with caregivers and family to deliver customized support plans based on individuals' cognitive and physical abilities. Our fun, supportive environment zoom meetings – with flexible scheduling and full or part time enrollment – helps maintain our participants' lifestyle complete with a sense of respect and dignity. We also assist them in accessing and enjoying other resources available within the community. deliver customized support plans based on individuals' cognitive and physical abilities