(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Emman	del Christian Center Incorpora
DOCUMENT NUMBER: N 13000	011224
The enclosed Articles of Amendment and fee are subm	nitted for filing.
Please return all correspondence concerning this matter	r to the following:
David Poole	(Name of Contact Person)
Emmanuel Chris	STIGN Lenter INC. (Firm/Company)
2139 Pheniox	(Address)
Jacksonville Flor	City/ State and Zip Code)
dnestlewis@ E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, please	call:
Davia Poole (Name of Contact Person)	at (904) 322 USDY (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida Department of State:
\$35 Filing Fee \$\sum \\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to

Articles of Incorporation of

(Name of Corporation as currently filed with the Florida Dept. of State)		
N130000 11 22 4 (Document Number of Corporation (if known)		
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the famendment(s) to its Articles of Incorporation:	ollowing	
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." of "Company" or "Co." may not be used in the name.	" "Inc."	
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)	14 147	STORE T
·	24 AM	
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:	%	3
Name of New Registered Agent:		
(Florida street address) New Registered Office Address:		
, Florida		
(City) (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		

Page 1 of 4

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 A Add	<u>V</u> <u>Mi</u>	nn Doe ke Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove Add Remove Add Change Add Remove Add Remove	P	Potricia Potricia Gait Myers	5601 Eden Field Rd #515 Jacksonville Florida 32277 3031 Donhurstst Jacksonville fl 32277
4) Change Add Remove			
5) Change Add Remove			· · · · · · · · · · · · · · · · · · ·
6) Change Add Remove			

If amending or adding additi attach additional sheets, if nec	essary). (Be spe	ecific)			
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The date of each amendment(s) adoption:	4/24/28/14
Effective date if applicable: 10day (no more than 90	days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members a was/were sufficient for approval.	and the number of votes cast for the amendment(s)
There are no members or members entitled to vote on t adopted by the board of directors.	he amendment(s). The amendment(s) was/were
Dated Dand porte 3)
Signature 4/12-1/11-1	
	f the board, president or other officer-if directors porator – if in the hands of a receiver, trustee, or hat fiduciary)
Davia poole	
(Typed or printed name	e of person signing)
(Title of person signir	na)