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<u>COVER LETTER</u>	
TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: CHURCH OF GOD BY THE FAITH IN CHRIST IN	<u> </u>
DOCUMENT NUMBER: N 140000 3470	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
TINOR, ARNOLD (Name of Contact Person)	
CHURCH OF GOD BY THE FAITH IN CHRIST INC. (Firm/ Company)	
847 AMERICANA BLVD NW	
PALM BAY, FL 32907	
(City/ State and Zip Code)	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
TINOR, ARNOLD at 321-806-0992	
(Name of Contact Person) (Area Code) (Daytime Telephone N	umber)
Enclosed is a check for the following amount made payable to the Florida Department of State:	
S35 Filing Fee S43.75 Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is Enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Street Address Amendment Section Division of Corporations Clifton Building	
Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301	

			Articles of Amendment to							
			Articles of Incorporation]				
_(THURC'	H	OF GOD BY THE F	ATTH-	IN CHR	. MI 721	<u>-</u>			<u>.</u>
			(Name of Corporation	as current	ly filed with th	he Florida Dept. of S	<u>State</u>)			
	<u> </u>	N	1400000 34 10	ant Numba	r of Corporation	on (it known)			<u> </u>	-
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			visions of section 617.1006. Flor s Articles of Incorporation:	ida Statutes	, this <i>Florida</i> i	Not For Profit Corp.	<i>oration</i> adop	ts the fe	ollowing	3
Α.	If amendi	ng n	ame, enter the new name of the	corporatio	<u>en:</u>					
_		N	A						The new	•
			nguishable and contain the word o." may not be used in the name		on" or "incor _l	porated" or the abbr	eviation "Co	rrp." or	ril"Inc."	
В	Enter nev	ori	ncipal office address, if applical	ble:	AlU			1	1	
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Ď. H			ne registered agent and/or regis I agent and/or the new register			lorida, enter the na	me of the			
			Name of New Registered Agent:	NIA						
			Many Paristaned Office Address:			(Florida street addr	ress)			•
			New Registered Office Address:	01	Δ		}			
					(City)		_, Florida <u> </u> Zip Cod	 e)		.
Ne	w Register	ed A	gent's Signature, if changing R	egistered A	Agent:			1		!
			appointment as registered agen			accept the obligation	rs of the posi	tion		
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,			_	Się	nature of New	Registered Agent, ij	changing	-#-	_	. '
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				P	age 1 of 4					
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address of each Office (Attach additional shee Please note the officer/ P = President; V = Vice	er and/or Director ets, if necessary) director title by the er President; T= Tro D = Chief Financia	being added: first letter of the office title: easurer; S= Secretary; D= Director; TR= Tr l Officer. If an officer/director holds more th	r/director being removed and title, name, and rustee; C = Chairman or Clerk; GEO = Chief than one title, list the first letter of each office
	eaves the corporati	ion, Sally Smith is named the V and S. These	PST and Mike Jones is listed as the V. There is should be noted as John Doe, PT as a Change,
Example: X Change X Remove X Add	PT John I V Mike SV Sally S	<u>Jones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	_WS	DORSONNE, MINAUDE	156 FREDERICA AVE
Add X Remove			FL 32907 UN
2) Change	5_	MARIE NICENE JOURG	lang 35 S W COMARGO
Remove			32907
3) Change			
Remove 4) Change			
Add			
Remove Change			
Add			
Remove		•	
6) Change Add			
Кеточе		Page 2 of 4	
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E.	If amend (attach ad	ing or adding additional Articles, enter change(s) here: ditional sheets, if necessary). (Be specific)		
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dat	e date of each amendment(s) adoption: 10 30 2017 e this document was signed. Sective date if applicable: 10 30 2017	if	other than the
	(no more than 90 days after amendment file date) te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will no summent's effective date on the Department of State's records.	be lis	ted as the
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.	,	
Ħ	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.		,
	Signature (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) (Typed or printed name of person signing)		
	PHSTOR (Title of person signing)		
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