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TO: Amendment Section **Division of Corporations**

Pentecostal NAME OF CORPORATION:	Praise and Deliverane Churc	ch, Inc	
N14000006161 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee	are submitted for filing.		
Please return all correspondence concerning t	his matter to the following:		
Lelissa V. Brooks			
	(Name of Contact	Person)	···· <u> </u>
Pentecostal Prasie and Deliverance Church, I	nc		
	(Firm/ Compa	ny)	·
P.O.Box 13713			
	(Address)	<u></u>	
Gainesville, FL 32604			
	(City/ State and Zi	p Code)	
brookielvb@yahoo.com			
E-mail address: (to	be used for future annual r	eport notification	n)
For further information concerning this matte	r, please call:		
Lelissa V. Brooks	i	352 at	246-6237
(Name of Contac			(Daytime Telephone Number)
Enclosed is a check for the following amount	made payable to the Florida	a Department of	State:
☐ \$35 Filing Fee ■\$43.75 Filing Certificate of	-	Certif is Certif	O Filing Fee icate of Status icd Copy tional Copy is used)
Mailing Address Amendment Section	-	treet Address Amendment Sect	ion

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Pentecostal Praise and Deliverance Church, Inc.						
(Name of Corporation as currently filed with th	e Florida l	Dept. of State)				
N14000006161						
(Docur	nent Numb	er of Corporation	on (if known)			
Pursuant to the provisions of section 617.1006, Floamendment(s) to its Articles of Incorporation:	orida Statute	es, this <i>Florida</i>	Not For Profit Corp	oration adopts th	ne follow	ing
A. If amending name, enter the new name of th	e corporat	ion:				
N/A					The ne	ese.
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam		tion" or "incor	porated" or the abbr	eviation "Corp."		
B. Enter new principal office address, if applica	ahle	N/A				
(Principal office address MUST BE A STREET AL)				_
				·	··-	
					_	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	ROX)	N/A			282	
	<u> </u>			芦荟	62	 ;
				<u> </u>	_ ~~	
				<u> </u>	9	-
D. If amending the registered agent and/or regi	stered offi	ce address in F	lorida, enter the na	me of the က ^{ားဂ}	PH	-
new registered agent and/or the new register	red office a	<u>ddress:</u>	-	a.	'	`
Name of New Registered Agent:	Lelissa V	. Brooks			23	
	3008 NW	13th Street Sui	te E			
	(Florida street address)					
New Registered Office Address:						
	Gainesvil			_, Florida <u></u>		_
		(City)		(Zip Code)		
New Registered Agent's Signature, if changing I I hereby accept the appointment as registered agen	Registered ut. I am fai	Agent: miliar with and	accept the obligation	ns of the position		
	Lelis	- LANGTO	Ne			
₹	Si	gnature 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	PT John Do V Mike Jo SV Sally Sr	nes	
Type of Action (Check Onc)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	TD	Annie G. Gainey	21515 NW 205th Sreet High Springs, FL 32643
× Remove			
2) Change Add	<u>TD</u>	Lelissa V. Brooks	3511 SW 30th Terrace Apt 52A Gainesville, FL 32608
Remove 3) X Change Add Remove	<u>VD</u>	Pauline A. Stacy	4455 SW 34th Street Apt MM210 Gainesville, FL 32608
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin cattach additional shee.	g additional Artic ts, if necessary).	cles, enter change(s) here: (Be specific)	
N/A	·-		
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The date of each amendment(s) adoption: date this document was signed.		. if other than the
_		
(n	o more than 90 days after amendment file date)	
Note: If the date inserted in this block does document's effective date on the Department	not meet the applicable statutory filing requirements, this date will not be tof State's records.	e listed as the
Adoption of Amendment(s)	CHECK ONE)	
The amendment(s) was/were adopted by was/were sufficient for approval.	y the members and the number of votes cast for the amendment(s)	

	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 September 26, 2021				
	Signature ————————————————————————————————————				
	Eliza D. L. Henderson				
	(Typed or printed name of person signing)				
	President/Director				
	(Title of person signing)				