N14000011157

Office Use Only



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SECRETARY OF STAIR
DIVISION OF CORFERATIONS

JUN 1 0 2016 C LEWIS

TO: Amendment Section Division of Corporations

PEARL HOUSE OF WORSHIP, INC. NAME OF CORPORATION:					
DOCUMENT NUMBER:					
The enclosed Articles of Amendment and fee are st	ubmitted for filing.				
Please return all correspondence concerning this ma	atter to the following:				
JOE A. CATARINEAU, JD, CPA					
	(Name of Contact Person)				
JOE A. CATARINEAU, PA					
	(Firm/ Company)				
91750 OVERSEAS HIGHWAY					
	(Address)				
TAVERNIER, FL 33070					
	(City/ State and Zip Code)				
JOE@TAXCATCPA.COM					
E-mail address: (to be us	sed for future annual report notification)				
For further information concerning this matter, plea	ise call:				
JOE A. CATARINEAU	305 852-4833 at				
(Name of Contact Pers		er)			
Enclosed is a check for the following amount made	payable to the Florida Department of State:				
■ \$35 Filing Fee □\$43.75 Filing Fee a Certificate of Statu	& 🗆\$43.75 Filing Fee & S52.50 Filing Fee IS Certified Copy (Additional copy is enclosed) (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

FILED SECRETARY OF STATE DIVISION OF CORPORATION

2016 JUN -8 PM 2: 36

PEARL HOUSE OF WORSHIP, INC. (Name of Corporation as currently filed with the Florida Dept. of State) N14000011157 (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: 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: (Florida street address) New Registered Office Address: _, 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: X_Change X_Remove X_Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	D	AMANITA HELGISDOTTIR	116 PORTO SALVO
X Add			ISLAMORADA, FL 33036
Remove			
2) Change		_	
Add			
Remove			
3) Change		***************************************	
Add			
Remove			
4) Change			 -
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		_	
Add			nt
Remove			

If amending or adding additional A attach additional sheets, if necessary,). (Be specific)			

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The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		ř li. ED
Effective date <u>if applicable</u> :		SECRETARY OF STAIL
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bloodocument's effective date on the De	ock does not meet the applicable statutory filing requirement epartment of State's records.	2016 JUN - 8 PM 2: 36 ts, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were a was/were sufficient for approv	dopted by the members and the number of votes cast for the ral.	amendment(s)
There are no members or mem adopted by the board of direct	abers entitled to vote on the amendment(s). The amendment(s)	(s) was/were
Dated	Tune 2016.	
Signature	1 1 1 1 0 0	
	rman or vice chairman of the board, president or other office	
	een selected, by an incorporator – if in the hands of a receive appointed fiduciary by that fiduciary)	r, trustee, or
WILLIA	AM KING	
	(Typed or printed name of person signing)	· .
CHAIR	MAN OF THE BOARD OF DIRECTORS	
	(Title of person signing)	