# N15000011657

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	<del>#</del> )
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	е)
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: GOODNESS OF GOD CHURCH, INC
DOCUMENT NUMBER: N 1500011657
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
DR. SCARLETT HORTON (Name of Contact Person)
GOODNESS OF GOD CHURCH, INC. (Firm/Company)
P.O. BOX 4043 (Address)
HOLIDAY, FL 34690 (City/ State and Zip Code)
Scarlettbstephonson@amail.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Scarlett HORTON at (850) (348-0609)  (Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
□ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee Certificate of Status (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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



August 11, 2020

SCARLETT STEPHENSON-HORTON P.O. BOX 19495 PANAMA CITY BEACH, FL 32417

SUBJECT: GOODNESS OF GOD CHURCH, INC.

Ref. Number: N15000011657

We have received your document for GOODNESS OF GOD CHURCH, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 120A00015126

Irene Albritton Regulatory Specialist II

### Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the Flori	da Dent of State)
	00011657
	umber of Corporation (if known)
Pursuant to the provisions of section 617,1006, Florida Stamendment(s) to its Articles of Incorporation:	atutes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpo	oration:
	The new
name must be distinguishable and contain the word "corp "Company" or "Co." may not be used in the name.	poration" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	2205 Arcadia Rd.
(Principal office address MUST BE A STREET ADDRE	HOLIDAY, FL 34690
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
Pa	D, Bax 4043
	HOLIODY, FL 34690
D. If amending the registered agent and/or registered	,
new registered agent and/or the new registered offi	
Name of New Registered Agent:	
<del></del>	(Florulo street address)
New Registered Office Address:	(Fibrati Sirver (dairess)
	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I at	
	2020
·	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	PT         John D           V         Mike J           SV         Sally S	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	<u>n</u> _	DAVID A. Horton	2205 Arcadia Rd, HOLIDAY, FL 34690
Remove			
2) Change Add	<u>5, D</u>	Rhonda Pyhala	P.O. BOX 789 TNYLORS, SC 29687
3 ) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change			
Add			
E. If amending or additional she		icles, enter change(s) here: (Be specific)	

		<del></del>
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		·····
	·	·
The date of each amendment(s) adoption: date this document was signed.		_, if other than the
Effective date if applicable:		
(no	o more than 90 days after amendment file date)	
Note: If the date inserted in this block does r document's effective date on the Department	not meet the applicable statutory filing requirements, this date will not bof 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.	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 8-27-2070
	Signature & Calle Suprasa Gotto
	(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)
	Scarlett Stephenson- HortoN (Typed or printed name of person signing)
	Presi clent
	(Title of person signing)