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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: $\overline{\mathcal{T}}$	he Faith	Center	Church	of Santo	and Inco	orpocho
DOCUMENT NUMBER: 1/6	000003	783				
The enclosed Articles of Amendmen	nt and fee are sub	mitted for filing.				
Please return all correspondence cor	cerning this matt	ter to the followin	g:			
Stephanie Anderson						
•		(Name of Contac	et Person)			
The Faith center	church of	(Firm/ Com	Incorr	poraled		
162 Sundet Orive	<u> </u>					
		(Address	5)			· ·
Longwood, TL 327	50					
3 '	-	(City/ State and 2	Zip Code)			
E-mail ad	Henhanier dress: (to be used	04@gmcil	.com	tion)		
For further information concerning t						
Stephanie Anderson (Name o			at <u>\$50</u>	570-662	3	
. (Name o	of Contact Person)	(Area Cod	e) (Daytime To	elephone Numb	er)
Enclosed is a check for the following	g amount made pa	ayable to the Flori	da Department	of State:		
□ \$35 Filing Fee □\$43.1 Certi	75 Filing Fee & ificate of Status	□\$43.75 Filing I Certified Copy (Additional co- enclosed)	Ce py is Ce (Ad	2.50 Filing Fee rificate of Status rtified Copy dditional Copy is closed)		
Mailing Address			Street Addres	<u>s</u>		

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

· Articles of Amendment to Articles of Incorporation of

The Faith Center Church of				prabd				
(Name of Corporation as currently filed with the	e <u>Florida D</u>	Dept. of	State)					
N 1600080 3783	M h			(C1)				
(Docun	nent Numbe	er or Co	rporauon (1	i known)				
Pursuant to the provisions of section 617,1006, Flo amendment(s) to its Articles of Incorporation:	rida Statute	s. this <i>I</i>	Torida Not	For Profi	t Corpora	tion adopts	the foli	lowing
A. If amending name, enter the new name of the World Wide Faith Nation Outreach Is	e corporati	ion:					aru	
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name	l "corporat e.	tion" or	"incorporo	ated" or th	e abbrevia	ntion "Corp		ie new Inc."
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A)			<u> </u>			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)			S. M.					
D. If amending the registered agent and/or registered agent and/or the new register			ess in Flori	da, enter	the name	of the		
Name of New Registered Agent:	1					<u> </u>	15	
New Registered Office Address:	113 S Tallat		mong			lorida 37	110: 3301 3301	141
		(City	j			(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.

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 <math>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 Jo SV Sally S	<u>ones</u>	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add	CEO	Tyler Anderson	162 Surset Orive Longuesod, FZ 32750
Remove 2) X Change	<u>CFO</u>	Stephanic Anderson	113 South months street
Add Remove		•	Tallahesley Fr 32301
3) Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee		icles, enter change(s) here: (Be specific)	
		, Education, Destroration & c empowerment & Overall	

· •	
The date of each amendment(s) adoption:date this document was signed.	, if other than the
Effective date if applicable:	
Effective date if applicable: (no more than 90 days after amendme	nt file date)
Note: If the date inserted in this block does not meet the applicable statutory fil document's effective date on the Department of State's records.	ing requirements, this date will not be listed as the

Adoption 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.

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 $\frac{4/15/21}{(2)}$
Signature
have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
Stephanic Anderson
(Typed or printed name of person signing)
(Title of person signing)