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### **COVER LETTER**

TO: Amendment Section
Division of Corporations

INDIA CHRISTIAN ASSEMBLY OF ORLANDO, INC NAME OF CORPORATION:	
N16000008927	
OOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
OY ABRAHAM	
(Name of Contact Person)	
NDIA CHRISTIAN ASSEMBLY OF ORLANDO, INC	
(Firm/ Company)	
336 RED ROSE CIRCLE	
(Address)	
DRLANDO, FL 32835	
(City/ State and Zip Code)	
DCASSEMBLY@YAHOO.COM	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
FRANKLIN ABRAHAM 407 5161904 at	
(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:	
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**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

17 NAT 15 PT to 20

## (Name of Corporation as currently filed with the Florida Dept. of State) INDIA CHRISTIAN ASSEMBLY, INC (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: ORLANDO CHRISTIAN ASSEMBLY, INC 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. N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (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: N/A Name of New Registered Agent: (Florida street address) New Registered Office Address: Florida N/A N/A (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>	<u>Name</u>	<u>Addres</u> s
1) N/A Change	N/A	N/A	N/A
Add			
Remove			
2) N/A Change	N/A	N/A	N/A
Add			
Remove			
3) N/A Change	N/A		N/A
Add			
Remove			
4) N/A Change	N/A	N/A	N/A
Add			
Remove			-
5) N/A Change	N/A	N/A	N/A
Add			
Remove			<del></del>
6) N/A Change	N/A	N/A 	N/A
Add			
Remove			

If amending or adding additional a (attach additional sheets, if necessar)	Articles, enter char v). (Be specific)	nge(s) here:			France
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•	08/28/2016	
The date of each amendment(s) adoption date this document was signed.	1:	if other than the
Effective date if applicable:	IF POSSIBLE, OTHERWISE 05/09/2017	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block doe document's effective date on the Departme	es not meet the applicable statutory filing requirements, then of State's records.	his date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adopted was/were sufficient for approval.	by the members and the number of votes cast for the am	endment(s)
There are no members or members en adopted by the board of directors.	ntitled to vote on the amendment(s). The amendment(s)	was/were
05/09/2017 Dated		
Signature	91511/s	
have not been sele	r vice chairman of the board, president or other officer-incted, by an incorporator – if in the hands of a receiver, to the fiduciary by that fiduciary)	
JOY ABRAHA	<b>M</b>	
	(Typed or printed name of person signing)	-
PRESIDENT		
	(Title of person signing)	

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RANKLIN ABRAHAM 407 5161904	
(Name of Contact Person) (Area Code) (Daytime Telephone Number	)
inclosed is a check for the following amount made payable to the Florida Department of State:	
□\$35 Filing Fee □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status (Additional copy is enclosed) □\$643.75 Filing Fee & □\$643	

Mailing Address
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