N/6000009633

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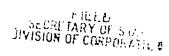
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TO: Amendment Section
Division of Corporations



2018 MAY 29 AM 11: 39

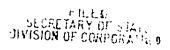
CANAA FLORIDA CHURCI	HINC
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted for	filing.
Please return all correspondence concerning this matter to the for	ollowing:
PAULO GOMES	
(Name o	f Contact Person)
GOMES INSURANCE & ACCOUNTING CORP	
(Fin	n/ Company)
129 SW 15TH STREET	
-	Address)
DEERFIELD BEACH FL 33441	
(City/ Sta	ate and Zip Code)
paulo@gomesins.com	
E-mail address: (to be used for futur	e annual report notification)
For further information concerning this matter, please call:	
PAULO GOMES	954 818-2991
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to t	he Florida Department of State:
	ed Copy Certificate of Status ional copy is Certified Copy

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



CANAA FLORIDA CHURCH INC 2018 MAY 29 AM II: 39

(Name of Corporation as curr	rently filed with the Florida Dept. of State)
N16000009633	
(Document Nu	mber of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statamendment(s) to its Articles of Incorporation:	tutes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpor	ration:
	The ne
name must be distinguishable and contain the word "corpo "Company" or "Co." may not be used in the name.	oration" or "incorporated" or the abbreviation "Corp." or "Inc.
B. Enter new principal office address, if applicable:	3518 N POWERLINE ROAD
(Principal office address <u>MUST BE A STREET ADDRES</u>	SS) POMPANO BEACH, FL 33069
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3518 N POWERLINE ROAD
	POMPANO BEACH, FL 33069
D. If amending the registered agent and/or registered o	office address in Florida, enter the name of the
new registered agent and/or the new registered offic	
Name of New Registered Agent:	
	(Florida street address)
New Registered Office Address:	(Fibrida Mreet adarem)
	, Florida
· · · · · · · · · · · · · · · · · · ·	(City) (Zip Code)
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am	
	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>V</u> <u>Mik</u>	<u>a Doe</u> e Jones y Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
X Change	P	ANTONIO CARLOS CHAGAS	3518 N POWERLINE ROAD
Add			POMPANO BEACH, FL 33069
Remove			
2) X Change	S	CELIA ALVES FAUSTINO	3518 N POWERLINE ROAD
Add			POMPANO BEACH, FL 33069
Remove			
3) X Change	<u>T</u>	DEBORA MARTINS V. SANTANA	3518 N POWERLINE ROAD
Add			POMPANO BEACH, FL 33069
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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The	e date of each amendment(s) adoption:	, if other than the
date	e this document was signed.	
Effe	ective date if applicable:	
	(no more than 90 days after amendment file date)	
	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not tument's effective date on the Department of State's records.	ot be listed as the
Ada	option of Amendment(s) (<u>CHECK ONE</u>)	
	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 05/23/2018	
	Signature X 21 Troom	
	(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)	
	ANTONIO CARLOS CHAGAS	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	