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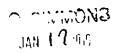
| (Requestor's Name) | | | |
|---|--|--|--|
| (Address) | | | |
| (Address) | | | |
| (City/State/Zip/Phone #) | | | |
| PICK-UP WAIT MAIL | | | |
| (Business Entity Name) | | | |
| (Document Number) | | | |
| Certified Copies Certificates of Status | | | |
| Special Instructions to Filing Officer: | | | |
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Office Use Only



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COVER LETTER

TO: Amendment Section
Division of Corporations

| NAME OF CORPORATION: FUSION CHURCH INC. | | | | |
|---|--|--|--|--|
| DOCUMENT NUMBER: | | | | |
| | | | | |
| The enclosed Articles of Amendment and fee are submitted for filing. | | | | |
| Please return all correspondence concerning this matter to the following: | | | | |
| CONRAD DELATORRES | | | | |
| (Name of Contact Person) | | | | |
| FUSION CHURCH INC. | | | | |
| (Firm/ Company) | | | | |
| 16325 SW 288 ST | | | | |
| (Address) | | | | |
| HOMESTEAD FL | | | | |
| (City/ State and Zip Code) | | | | |
| DWARRIORS4C@AOL.COM | | | | |
| DWARRIORS4C@AOL COM E-mail address: (to be used for future annual report notification) | | | | |
| For further information concerning this matter, please call: | | | | |
| | | | | |
| - CONRAD DELATORRES at 305.216.0455 (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: | | | | |
| S\$35 Filing Fee | | | | |

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

| FUSION CHURCH IN (Name of Corporation as currently | C y filed with the Florida Dept. of State) | |
|---|---|--------------|
| N17000001842 | | |
| | of Corporation (if known) | |
| Pursuant to the provisions of section 617.1006, Florida Statutes, amendment(s) to its Articles of Incorporation: | this Florida Not For Profit Corporation adopts th | ne following |
| A. If amending name, enter the new name of the corporatio | <u>n:</u> | |
| | | The new |
| name must be distinguishable and contain the word "corporation "Company" or "Co." may not be used in the name. | on" or "incorporated" or the abbreviation "Corp" | " w> "Inc." |
| | | (|
| B. Enter new principal office address, if applicable: | | |
| (Principal office address <u>MUST BE A STREET ADDRESS</u>) | | ET. |
| - | | :2: |
| • | | <u> </u> |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | 150 |
| | · · · · · · · · · · · · · · · · · · · | |
| | | |
| D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad | | |
| Name of New Registered Agent:CAT | HLEEN WALTERS | |
| 16325 5 | SW 288 ST | |
| New Registered Office Address: | (Florida street address) | |
| НОМІ | ESTEAD , Florida 330 (City) (Zip Code) | 33 |
| New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I fim fam | | ı. |

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 Doe V Mike Jones SV Sally Smith | | 19 |
|----------------------------------|---|----------------|--|
| Type of Action (Check One) | <u>Title</u> <u>Name</u> | | Address |
| 1) Change Add X Remove | _TLINDA | A C HURLEY | 16325 SW 288 ST HOMESTEAD FL 33033 |
| 2) Change Add Add | _ESMari | a Ojeda | 16325_SW 288_ST HOMESTEAD FL 33033 |
| 3) ChangeXXAdd Remove | _ESCAT | HLEEN_WALTERS_ | _16325_SW-288_ST HOMESTEAD_FL-33033 |
| 4) Change Add Remove | | | |
| 5) Change Add Remove | | | |
| 6) Change Add | | | |

| E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) | |
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| | date of each amendment(s) adoption this document was signed. | :1/10/2019 | , if other than the |
|-------|---|---|--------------------------------|
| 11110 | this document was signed. | | |
| Eff | ective date <u>if applicable</u> : | 1/10/2019 | |
| | (| no more than 90 days after amendment file date) | |
| | e: If the date inserted in this block does ument's effective date on the Department | s not meet the applicable statutory filing requirements, this of State's records. | date will not be listed as the |
| Ado | option of Amendment(s) | (CHECK ONE) | |
| Œ | The amendment(s) was/were adopted by was/were sufficient for approval. | by the members and the number of votes east for the amen | dment(s) |
| | There are no members or members ent adopted by the board of directors. | itled to vote on the amendment(s). The amendment(s) wa | s/were |
| | Dated <u>1/10/2019</u> | | |
| | Signature | se la To | |
| | have not been selec | vice chairman of the board, president or other officer-if d ted, by an incorporator – if in the hands of a receiver, trus ed fiduciary by that fiduciary) | |
| | ., | , , | 19 |
| | CONF | RAD DELATORRES, PASTOR | (· |
| | | (Typed or printed name of person signing) | <u> </u> |
| | | | |
| | PRE | SIDENT | |
| | | (Title of person signing) | |
| | | | S: 110 |
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