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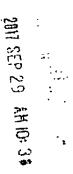
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TO: Amendment Section Division of Corporations	
1/1/	
NAME OF CORPORATION: Deland,	-nurch of God of Mynely
DOCUMENT NUMBER: N27000	003633
The enclosed Articles of Amendment and fee are submit	ted for filing.
Please return all correspondence concerning this matter to	o the following:
Lawford A. Wh	yte 5
Deland, Church of	Gool of Prophecy
	(Firm/ Company)
1106 E. Minnesora Av	C
0/1-/1	(Address)
Deland, Florida 3	2724
PASTORLAWHYTE	City/ State and Zip Code) Of MATL OM or Numre annual report hornication
For further information concerning this matter, please cal	II:
Lawford A. Whyte	at 239 - 218-0216
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payal	ble to the Florida Department of State:
	\$43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is Enclosed)
	Same Addition

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

01111	Articles of Incorporation of	111	
Veland Lunch C	of God c	+ Mophecy	<u> </u>
Veland Nurch 0 (Name of Corporation as of 17 000 00 3633	currently lifed with the P	torida Dept. opstate)	
(Document	Number of Corporation (i	f known)	
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not	For Profit Corporation adopts the	following
A. If amending name, enter the new name of the co-	rnoration:		
7. In the state of the state of the co.	Portarion		35
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	orporation" or "incorpora	tted" or the abbreviation "Corp." o	_Ine near or "Inac"
B. Enter new principal office address, if applicable:			===
(Principal office address <u>MUST BE A STREET ADD</u>			Ö
	•	· · · · · ·	
C. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>		
			
			~2
D. If amending the registered agent and/or registere	ed office address in Flori	do enter the name of the	H :
new registered agent and/or the new registered of		ua, enter the name of the	ر م
Name of New Registered Agent:			29
		(Florida street address)	-
New Registered Office Address:			မ
		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Regil I hereby accept the appointment as registered agent.		ept the obligations of the position.	
	Signature of New Re	gistered 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:

 $P = President; V = Vice President; T \neq Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$

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>	n <u>Doe</u> e Jones y <u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	<u> </u>	Dale Hile	1076 Springhank Ave
Add Remove			32763
2) Change Add	$\underline{\rho}$	Lawford A. Whyte	1106 E. Minnesota Ave
Remove			32524
3) Change Add		· · · ·	
Remove			
4) Change		<u> </u>	
Remove			
5) Change			
Add Remove			
6) Change			
Add			
Remove			

f amending or adding additional sheets, if no	ecessary). (Be	specific)				
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The date of each	amendment(s) ac	loption:	, if other than the
date this documen	it was signed.		
Effective date if:	applicable:		
		(no more than 90 days after amendment file date)	
		ock does not meet the applicable statutory filing requirements, this date will not partment of State's records.	be listed as the
Adoption of Ame	endment(s)	(CHECK ONE)	
	nent(s) was/were action for approve	dopted by the members and the number of votes cast for the amendment(s) al.	
	members or mem he board of direct	bers entitled to vote on the amendment(s). The amendment(s) was/were ors.	
Date	cd 09/6	20/20/7	
Sign	nature		
		man or vice chairman of the board, president or other officer-if directors en selected, by an incorporator – if in the hands of a receiver, trustee, or	
		appointed fiduciary by that fiduciary)	
	Da	le Hile	
		(Typed or printed name of person signing)	
	Pro	Sident	
		(Title of person signing)	