N1700003633

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	-
Certified Copies	Certificates	of Status
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COVER LETTER

NAME OF CORPORATION: <u>DeLand Church of God of Prophery</u> DOCUMENT NUMBER: N 170000 3633 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: DELand Church of God of Prophery 1106 E. Minnesota Ave DeLand, Florida 32724 (City/ State and Zip Code) E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ORET MCPHERSON at 386 747 6105
(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: **⊠**\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee ☐ \$35 Filing Fee Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is (Additional Copy is enclosed) Enclosed) Mailing Address

Amendment Section Division of Corporations

TO: 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

Deland Church of God & (Name of Corporation as current	4 Prophery Inc
(Name of Corporation as current	tly filed with the Florida Dept. of State)
N1700000 3633	er of Corporation (if known)
(Document Number	er of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes amendment(s) to its Articles of Incorporation:	s. this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation	on:
	The new
name must be distinguishable and contain the word "corporati "Company" or "Co." may not be used in the name.	ion" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable:	<u>~</u> ,,, .
(Muiling address MAY BE A POST OFFICE BOX)	
	\$ 2 P
	Sim 4
D. If amending the registered agent and/or registered office	e address in Florida, enter the name of the ddress:
new registered agent and/or the new registered office ad	ddress:
Name of New Registered Agent: DOLE	11 MCPHERSON 5 2
1106	E Minnesota Ave (Florida street address)
New Registered Office Address:	,,
· 7)2/	1,000 Blorida 327.24
	(City) (Zip Code)
Nam Degistered Agent's Signature if shanging Degistered	Agent
New Registered Agent's Signature, if changing Registered A hereby accept the appointment as registered agent. I am fan	
n	
4 Stetito	
Siş	gnature 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: XChange X Remove X Add		Doe Jones Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Add Remove	<u>V</u> P_	Hile, Amy L	1076 Springbank Ave Orange, City 71. 3.2763
2) Change	<u>Cfo</u>	MCPHERSON, Godfrey	1106 E. Minnesota Ave De Land
Remove 3) Change Add Remove	TTR	Whyte, Maxine	71.32724 1106 E. Minnesota Ave DeLand 71.32724
4) Change Lambda Add Remove	TTR	Sheridan, Della	1106 E. Minnesota Ave Deland H. 32724
5) Change Add Remove	<u>57R</u>	DORETT MCPHERSON	1106 E. Minnesota Ave Deland 71. 32724
6) Change Add Remove			

attach additional si	heets, if necessary). ((Be specific)		
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90) days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, the document's effective date on the Department of State's records.	is 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.	ndment(s)
There are no members or members entitled to vote on the amendment(s). The amendment(s) we adopted by the board of directors.	as/were
Dated 10/22/17 Signature 407. 444	
(By the chairman or vice chairman of the board, president or other officer-if chave not been selected, by an incorporator — if in the hands of a receiver, tru other court appointed fiduciary by that fiduciary)	
LAWFORD WHYTE (Typed or printed name of person signing)	
PRESIDENT (Title of person signing)	