N170000004407

(Req	uestor's Name)	
(Addi	ress)	
(Addı	ress)	
(City/	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Doca	ument Number)	
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COVER LETTER

TO: Amendment Section Division of Corporations

Divine Providence	ce, Inc.
N17000004407	1
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are st	ubmitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Frederick L. Griffin, DCEO	
	(Name of Contact Person)
Divine Providence, Inc.	
	(Firm/ Company)
P.O. Box 1502	
	(Address)
Brevard, North Carolina 28712-1502	
	(City/ State and Zip Code)
divineprovidencechurch@outlook.com	
E-mail address: (to be us	sed for future annual report notification)
For further information concerning this matter, plea	ise call:
Frederick L. Griffin, DCEO	828 606-8181 at
(Name of Contact Pers	on) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made	payable to the Florida Department of State:
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status	
Mailing Address	Street Address

Mailing Address Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Street Address
Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

	Articles of Am	nendment 'c
	to Articles of Inco	nendment orporation State)
	of	•
Divine Providence, Inc.		
ame of Corporation as currently filed with the F	orida Dept. of	State)
N1 70000004407		
(Documen	I Number of Cor	orporation (if known)
ersuant to the provisions of section 617.1006. Floridate mendment(s) to its Articles of Incorporation:	Statutes, this F	Florida Not For Profit Corporation adopts the following
If amending name, enter the new name of the co	orporation:	
ivine Providence Christian Church, Inc.		The nev
· · ·	orporation" or	"incorporated" or the abbreviation "Corp." or "Inc.'
Company" or "Co." may not be used in the name.	- · ·	
Enter new principal office address, if applicable		'A
rincipal office address <u>MUST BE A STREET ADI</u>	<u>PRESS</u>)	
		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	Pos	st Office Box 1502
(Matting dataress MAT BE A FOST OFFICE BO		evard. North Carolina 28712-1502
		77a (, 1707a) Caronia 20712-1502
		ses in Florida, enter the name of the
If amending the registered agent and/or registe	rethbe soillo her	
If amending the registered agent and/or registenew registered agent and/or the new registered		
new registered agent and/or the new registered		
	office address:	
new registered agent and/or the new registered	office address:	
new registered agent and/or the new registered	office address:	
new registered agent and/or the new registered Name of New Registered Agent:	office address:	

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>	Name	Address
1) Change Add		N/A	
Remove			
2) Change Add		N/A	
Remove 3) Change Add Remove		N/A	
4) Change Add		N/A	
Remove			
5) Change Add		N/A	
Remove			
6) Change Add		N/A	
Remove			
E. If amending or addin (attach additional shee	n <mark>g additio</mark> its, if nece	onal Articles, enter change(s) here: ssary). (Be specific)	
N/A			

N/A		
	-	
	-	
		
		
		
		
		
The date of each amendment(s) adoption:	13 September 2021	_, if other than the
date this document was signed.		_, it other than the
Effective date <u>if applicable</u> :	13 September 2021 o more than 90 days after amendment file date)	
	not meet the applicable statutory filing requirements, this date will not	be listed as the
	CHECK ONE)	
_	the members and the number of votes cast for the amendment(s)	

.

There are no member adopted by the board	ers or members entitled to vote on the amendment(s). The amendment(s) was/were d of directors.
Dated _	13 September 2021
Signature _	Freilerick 2 Mill
h	y the chairman or vice chairman of the board, president or other officer-if directors ave not been selected, by an incorporator – if in the hands of a receiver, trustee, or ther court appointed fiduciary by that fiduciary)
Frederick L. G	Frederick L. Griffin
	(Typed or printed name of person signing)
	Director, Chief Executive Officer (DCEO)
	(Title of person signing)