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COVER LETTER

Division of Corporations
NAME OF CORPORATION: New Hope C. HRISTIAN WORShip CENTER, IN
DOCUMENT NUMBER: <u>N1700000 4 936</u>
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
DeShonda Bailey (Name of Contact Person)
New Hope Christian Worship Center; INC.
934 N. University Drive, #113, Coral Springs, FL 33071
Coral Springs, FL 3307/ J(Cily/ State and Zip Code)
pastorbailey. Mcwc@gmail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
DeShorda Bailey at 954 632-258/ (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:
\$35 Filing Fee \$\Begin{array}{c} \S43.75 \text{ Filing Fee & B\$43.75 Filing Fee & Certificate of Status } \text{Certified Copy & Certificate of Status } \text{Certified Copy & Certified Copy } \text{Certified Copy & Certified Copy } \text{Certified Copy } \text{Enclosed}

Mailing Address

TO: Amendment Section

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

Articles of Incorporation

	of
New Hope Christian i	Jorship Center, INIC.
(Name of Corporation as curre	ntly filed with the Florida Dept. of State)
N17000004936	
	ber of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statu amendment(s) to its Articles of Incorporation:	tes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpora	tion:
^) / A The new
name must be distinguishable and contain the word "corpor "Company" or "Co." may not be used in the name.	ation" or "incorporated" or the abbreviation "Corp," or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS	i)N/A
	'P (1 C)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A III III III III III III III III III I
D. If amending the registered agent and/or registered of	500
new registered agent and/or the new registered office	
Name of New Registered Agent:	N/A
New Registered Office Address:	(Florida street address)
	N/A . Florida
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am j	d Agent:
	NIA
	Signature of New Registered Agant, 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	PT John D V Mike J SV Sally S	oneş	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change X_ Add	<u>D</u> _	James LAMAR Jackson,	82 Colonial Court Plainville, CT 06062
Remove		V Theat AS	0/ 0/ 1/1/ // // //
2) Change		Kim Thomas	8601 NW 47 Court Landerhill, FL 33351
Remove 3) Change Add Remove	VTD	Wintly J. Bailey	7975 Margate Blvd., #206 Margate, FL 33063
4) Change Add	PD_	De Shonda Briley	7975 MARGATE Blvd.
Remove 5) Change Add	<u>SD</u>	Flora, Thomas	Margate, FL 33063 1143 NW 17th Street Fort Landerdale, FL 3331
Remove			
6) Change			
Remove			

E. If amending or adding additional Articles, enter character additional sheets, if necessary). (Be specific)	ange(s) net	<u></u>
	N/W	
	- N / #	<u>K</u>
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The date of each amendment(s) adoption: date this document was signed.	N/A	, if other than the
Effective date if applicable:	N/A more than 90 days after amendment file date)	
(no i	more than 90 days after amenament file dates	
Note: If the date inserted in this block does not document's effective date on the Department of	t meet the applicable statutory filing requirement f State's records.	s, this date will not be listed as the
Adoption of Amendment(s) (CI	IECK ONE)	
☐ The amendment(s) was/were adopted by the was/were sufficient for approval.	he members and the number of votes east for the	amendment(s)
There are no members or members entitled adopted by the board of directors.	d to vote on the amendment(s). The amendment((s) was/were
Dated NOVEMBE	R 27, 2017	
Signature (By the chairman or vice	e charman of the board, president or other office	er-if directors
have not been selected,	by an incorporator – if in the hands of a receive iduciary by that fiduciary)	
_De Shon	Oda Bailey (Typed or printed name of person signing)	
Presid	(Title of person signing)	