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COVER LETTER

TO: Amendment Section Division of Corporations

VICTORY TEMPLE OF GOD GLOBAL ACADEMY SENSATION INC. AME OF CORPORATION:	
N17000005326	
OOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
BISHOP ROBERT L HILLERY	
(Name of Contact Person)	
VICTORY TEMPLE OF GOD, INC	
(Firm/ Company)	
501 PINE AVENUE	
(Address)	
SANFORD, FL 32771	
(City/ State and Zip Code)	
BISHOPRLHILLERY@VTOG.ORG	
E-mail address: (to be used for future annual report notification)	
or further information concerning this matter, please call:	
BISHOP ROBERT L HILLERY 4073218864	
(Name of Contact Person) (Area Code) (Daytime Telephone Numbe	r)
Enclosed is a check for the following amount made payable to the Florida Department of State:	
□\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) □\$43.75 Filing Fee Certified Copy (Additional Copy is Enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)	

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

FILED

17 OCT -2 AH 10: 21

VICTORY TEMPLE OF GOD GLOBAL ACADEMY SENSATION INC.

ASECSAFIANX OE-SITE E TREELAHASSEE FEBRUA

N1700005326	ntly filed with the Florida Dept. of State)
(Document Num	ber of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statut 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 corporation VICTORY GLOBAL ACADEMY SENSATION INC.	tion: The new
name must be distinguishable and contain the word "corpord "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:	N/A
(Principal office address <u>MUST BE A STREET ADDRESS</u>	.)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered offinew registered agent and/or the new registered office:	
N/A	nuur Css.
Name of New Registered Agent:	
New Registered Office Address:	(Florida street address)
	, Florida
-	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am for	
	Signature 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 <math>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>Mike</u>	Doe e Jones v Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	VELERIA HENRY	
Add X Remove			
2) Change	V	DR. DORCAS E MCCOY	116 CAMPANELLO CT
X Add			DAYTONA BEACH FL 32117
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	<u> </u>		
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)					
(and additional sheets, if heressary). (be specific)					
N/A					
· · · · · · · · · · · · · · · · · · ·					

		SEPTEMBER 26, 2017	
	date of each amendr		_, if other than the
date	this document was sig		
E CC	ective date <u>if applicat</u>	OCTOBER 1, 2017	
LIII	ective date <u>il applicat</u>	(no more than 90 days after amendment file date)	
		in this block does not meet the applicable statutory filing requirements, this date will not lon the Department of State's records.	pe listed as the
Add	option of Amendment	(s) (<u>CHECK ONE</u>)	
	The amendment(s) w was/were sufficient for	as/were adopted by the members and the number of votes cast for the amendment(s) or approval.	
	There are no member adopted by the board	s or members entitled to vote on the amendment(s). The amendment(s) was/were of directors.	
	S Dated	EPTEMBER 29, 2017	
	Signature	RL Hillery	_
	ha	y the chairman of the board, president or other officer-if directors are not been selected, by an incorporator – if in the hands of a receiver, trustee, or her court appointed fiduciary by that fiduciary)	
		ROBERT L HILLERY	
		(Typed or printed name of person signing)	
		PRESIDENT	
		(Title of person signing)	