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COVER LETTER

TO: Amendment Section Division of Corporations

> P.O. Box 6327 Tallahassee, FL 32314

VICTORY TABER NAME OF CORPORATION:	RNACLE WORSHIP C	ENTER, INC	
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are su			
Please return all correspondence concerning this man	tter to the following:		
KATISSA LUPOE			
	(Name of Contact Per	rson)	
VICTORY TABERNACLE WORSHIP CENTER.	INC.		
	(Firm/ Company)	,	
163 W 20TH ST			
	(Address)		
RIVIERA BEACH, FL 33404			
	(City/ State and Zip C	lode)	
INFO@VTWC.CHURCH			
E-mail address: (to be use	ed for future annual repo	ort notification	n)
For further information concerning this matter, pleas	se call:		
KATISSA LUPOE	at	561	260-5073
(Name of Contact Perso			(Daytime Telephone Number)
Enclosed is a check for the following amount made p	payable to the Florida D	epartment of	State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	\$\Bigcup \\$43.75 \text{ Filing Fee \& Certified Copy (Additional copy is enclosed)}	Certif Certif	0 Filing Fee ficate of Status fied Copy fitional Copy is fixed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Amo Divi	eet Address endment Sect ision of Corpo ton Building	

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

VICTORY TABERNACLE WORSHIP CENTER, INC.

(Name of Corporation	n as currently fi	led with the Florid	a Dept. of State)		
N17000007010					
(Document)	ment Number of	Corporation (if kno-	wn)		
Pursuant to the provisions of section 617.1006. Floamendment(s) to its Articles of Incorporation:	orida Statutes, thi	s Florida Not For I	Profit Corporation adop	ts the follo	owing
A. If amending name, enter the new name of th	e corporation:				
VICTORY CITY CHURCH, INC.				7%	e new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam		or "incorporated"	or the abbreviation "Co		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		.			
	N/A				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		.		<u>Z</u> M	18
	N/A	,		>	8
	N//	\		388	5
D. If amending the registered agent and/or regi	istered office ad	dress in Florida, er	ter the name of the	다. 변경 10년	3
new registered agent and/or the new register	red office addre	55:		S2 ×	Ė.
Name of New Registered Agent:	N/A				<u>5</u>
	N/A				
	(Florida street address)				
New Registered Office Address:	:				
	N/A	. Florida N/A		A	
	(C	iiy)	(Zip Code)		
New Registered Agent's Signature, if changing I	Registered Ager	it:			
hereby accept the appointment as registered agen			e obligations of the posi	tion.	
		01/4			
_		N/H			
	Signati	ire of New Registers	ed Avent, if changing		

Page 1 of 4

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 E V Mike J SV Sally S	<u>fones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
I) N/A Change N/A Add N/A Remove			
2) N/A Change N/A Add N/A Remove			
3) N/A Change N/A Add N/A Remove			
4) N/A Change N/A Add N/A Remove			
5) N/A Change N/A Add N/A Remove			
6) N/A Change N/A Add N/A Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)				
N/A				
· · · · · · · · · · · · · · · · · · ·				
· <u> </u>	<u> </u>			
				
	11		······································	
<u> </u>		·		

	f each amendment(s) add cument was signed.	option:	, if other than the
	10/09 ate if applicable:	2018	
		(no more than 90 days after amendment file date)	
		k does not meet the applicable statutory filing requirements, this date will rartment of State's records.	not be listed as the
Adoption o	of Amendment(s)	(CHECK ONE)	
☐ The ar	nendment(s) was/were addere sufficient for approval	opted by the members and the number of votes cast for the amendment(s)	
	are no members or membed by the board of director	ers entitled to vote on the amendment(s). The amendment(s) was/were s.	
	Dated 10/19/2018		
	Signature	Lym C	
		nan or vice chairman of the board, president or other officer-if directors a selected, by an incorporator – if in the hands of a receiver, trustee, or	
	K	atissa Lupoe	
		(Typed or printed hame of person signing)	
	VPCOO		
		(Title of person signing)	