N1700000336

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(Re	questor's Name)	
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COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Praise & Wors NAME OF CORPORATION:	hip City Church, Inc	
N17000007336		
DOCUMENT NUMBER:		
The enclosed Articles of Amendment and fee are	submitted for filing.	
Please return all correspondence concerning this	natter to the following:	
Kelccy Brooks Sr		
The second secon	(Name of Contact Person)	
Praise & Worship City Church, Inc		
	(Firm/ Company)	
7929 Piper Ln		
100	(Address)	_
Lake worth, Fl 33463		
	(City/ State and Zip Code)	
k /brooks96@gmail.com	rooks 960 gmail Com used for future amount report notification)	
·	•	
For further information concerning this matter, pl	ease call:	
Kelcey Brooks Sr	561-325-1488 at	
(Name of Contact Pe		
Enclosed is a check for the following amount made	le payable to the Florida Department of State:	
\$35 Filing Fee \$43.75 Filing Fe Certificate of Sta	tus Certified Copy (Additional copy is enclosed) \$\begin{align*} \text{\$\lefts}	
Mailing Address	Street Address	
Amendment Section Division of Corporations	Amendment Section Division of Corporations	

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Articles of Amendment to Articles of Incorporation of

Praise & Worship City Church Inc			
(Name of Corporation as	currently filed with the Flo	rida Dept. of State)	
N17000007336			
(Document	Number of Corporation (if k	known)	-
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not Fe	or Profit Corporation adopts the	following
A. If amending name, enter the new name of the con	rporation:		
			The new
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	orporation" or "incorporate	d" or the abbreviation "Corp." o	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD			
	······	* (A)	<u> </u>
			-C
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	vo	※ でき ・ は	
(Muning numress MAT BE AT OST OFFICE BOX	<u> </u>		<u> </u>
		· 1	<u> </u>
		ATTACHES OF THE STATE OF THE ST	Ġ
D. If amending the registered agent and/or registere	ed office address in Florida	enter the name of the	
new registered agent and/or the new registered of			
Name of New Registered Agent:			
	(F	lorida street address)	
New Registered Office Address:			
		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered agent. I		t the obligations of the position.	
	Signature of New Regis	tered 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: X Change X Remove X Add	PT John Doe V Mike Jones SV Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change	Treasure	Darrin Josey	7929 Piper Ln	
X Add			Lake Worth, Florida	
Remove			33463	
2) Change	Secretar	Larry Thompson	7929 Piper Ln	
X Add			Lake Worth, Florida	
Remove			33463	
3) Change				
Add				
Remove				
4) Change				
Add	-			
Remove				
5) Change				
Add			41.41.41.41.41.41.41.41.41.41.41.41.41.4	
Remove				
6) Change				
Add	*****			
Remove				

E. If amending or adding additional (attach additional sheets, if necessa	ry). (Be specific	nange(s) nere.			
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See Section 19 and the section of th	•				
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		September 21, 2017	
	e date of each amer this document was	ndment(s) adoption:	, if other than the
	ective date if appli	September 21, 2017	
D111	cerve date ir appa	(no more than 90 days after amendment file date)	
		ed in this block does not meet the applicable statutory filing requirements, this date will not ate on the Department of State's records.	be listed as the
Ado	option of Amendm	ent(s) (<u>CHECK ONE</u>)	
	The amendment(s was/were sufficier) was/were adopted by the members and the number of votes cast for the amendment(s) at for approval.	
	There are no mem adopted by the bo	bers or members entitled to vote on the amendment(s). The amendment(s) was/were ard of directors.	
	Dated	September 21, 2017	
	Signature		
		(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
		Kelcey Brooks Sr	
		(Typed or printed name of person signing)	
		President	
		(Title of person signing)	