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Amend

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COVER LETTER

TO: Amendment Section . Division of Corporations

NAME OF CORPORATION	1: Émorja Rob	person ? Rev	uvenaticn	Gospel CHOIR CORP
DOCUMENT NUMBER:	•			• • • • • • • • • • • • • • • • • • • •
The enclosed Articles of Amer	dment and fee are subm	nitted for filing.		
Please return all correspondence	e concerning this matter	to the following:		
J	CHRISHADE WILSO	n uccall		
	((Name of Contact P	erson)	
		(Firm/ Company	у)	
	2110 Red (Rest Court (Address)		
		(Address)		
	Middlee	Sulq , FL 320 City/State and Zip)bB	
	(City/State and Zip	Code)	
	Rejuve wation and address: (to be used to	vaclo, amail.	COM	V
E-m	all address: (to be used t	for future annual rep	oort notification)
For further information concern	ning this matter, please c	all:		
CHEISHAVE	wilson-uccau	·at	904	568 - 252H (Daytime Telephone Number)
(N	ame of Contact Person)		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the foll	owing amount made pay	able to the Florida I	Department of S	State:
\$35 Filing Fee [□\$43.75 Filing Fee & E Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy i enclosed)	s Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)

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

Emorja Koberson : ReJuvenation Co	ospel choir corp	
(Name of Corporation as curre	ntly filed with the Florida Dept. of S	<u>tate</u>)
(Document Num	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 Corpo	ration adopts the following
A. If amending name, enter the new name of the corpora	tion:	
REJUVENATION & Emorga Roberso	N CORP.	✓ The new
name must be distinguishable and contain the word "corpora" (Company" or "Co." may not be used in the name.	ation" or "incorporated" or the abbre	viation "Corp." or "Inc."
B. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS	7)	
		ें के
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	225 College Drive	
	P.O. BOX 45412	# A B C
	P.O. BOX LISUIZ Occupe PARK, FL 320	45 3
D. If amending the registered agent and/or registered off	ice address in Florida, enter the nam	
new registered agent and/or the new registered office	address:	
Name of New Registered Agent:		
New Registered Office Address:	(Florida street addre	ss)
		P1 - 1 -
	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am for		s of the position.
	. 3	•
	Signature of New Registered Agent, if a	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	PT John D V Mike J SV Sally S	<u>ones</u>	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	<u>S</u>	CHRISHUNE WILSON-MCCOLL	2110 Red Crest Court
X Add			Www.Hiddteburg,FL
Remove			32068
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change		<u> </u>	
Add			
Remove	·	<u>.</u>	
5) Change			
Add			
Remove			
6) Change			
Add		· - · · · · ·	
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)				
(anden diduntorial sheets, if necessary).				

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		4		
				

	date of each amendment(s) adoption:, if other than this document was signed.
Effe	ective date <u>if applicable</u> :
	(no more than 90 days after amendment file date)
	e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ument's effective date on the Department of State's records.
Ado	option of Amendment(s) (CHECK ONE)
Ä	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
	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) (Typed or printed name of person signing)
	PRESIDENT (Title of person signing)