N18000000 195

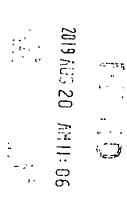
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
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R. WHITE AUG 3 (2019

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	•	n & Rejuvenation Gospel	Choir Corp
	N1800000195		
	es of Amendment and fee are su	bmitted for filing.	
Please return all corr	respondence concerning this ma	tter to the following:	
	Toni Henry		
	Rejuvenation Gospel Choi	Name of Contact Person	n
	3130 Bliss Road	Firm/ Company	
	Orange Park. FL 32065	Address	
		City/ State and Zip Cod	e
ge	oat07@bellsouth.net		
	E-mail address: (to be used for future annua	I report notification)
For further informati	ion concerning this matter, pleas	se call:	
Emorja Roberson		904 at (_)
Nam	e of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ai Di P.	ailing Address mendment Section vision of Corporations O. Box 6327 illahassee, FL 32314	Ameno Divisio Clifton	Address Iment Section on of Corporations I Building executive Center Circle

Tallahassee, FL 32301



August 27, 2019

TONI HENRY 3130 BLISS RD ORANGE PARK, FL 32065

SUBJECT: REJUVENATION & EMORJA ROBERSON CORP.

Ref. Number: N18000000195

We have received your document for REJUVENATION & EMORJA ROBERSON CORP. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you have submitted has been prepared pursuant to section 607.1006 Fla. statutes and was intended for a profit corporation to elect to become a Profit Benefit or Social Purpose Corporation pursuant the applicable Fla. Statutes. As the above referenced entity is a not for profit corporation, the form that you have submitted is incorrect. Please see the enclosed information.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 319A00017730

Rebekah White Regulatory Specialist II Supervisor

www.sunbiz.org

COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: EMPLOYER ROBERSON & POUNCHARD CONSTAL CHOIL DOCUMENT NUMBER: N 1 VOCCCCC 195 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Errockya Contension (Name of Contact Person) (Firm/ Company) Solitin Boul, In 466 37 (City/ State and Zip Code) Payer ver at a conf Comman Comment address: (to be used for future annual report notification) For further information concerning this matter, please call: Errice to Contact Person) at 404 510 414

(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 □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52,50 Filing Fee Memory Cart Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to



t Number of Corpor.	ration (if known)
Statutes, this <i>Florid</i>	ida Not For Profit Corporation adopts the follows
rporation:	
e Cup	The n
corporation" or "me	The morporated" or the abbreviation "Corp." or "Inc
<u>:</u> <u>DRESS</u>)	
<u>.X</u>)	
	<u> </u>
	in Florida, enter the name of the
. ·	(Florida street address)
	, Florida
(City)	(Zip Code)
ristered Agent:	
	and accept the obligations of the position.
Signature of i	New Registered Agent, if changing
	Statutes, this Flor rporation: ('t.i ()' orporation" or "n RESS) Y) (City) istered Agent: I am familiar with

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 De V Mike Jo SV Sally Se	<u>ones</u>	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change Add Remove			
2) Change Add Remove			
3) Change Add Remove			
4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add Remove	·,		

amending or adding additional Articles, e tach additional sheets, if necessary). (Be.	specific)	
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· · · · · · · · · · · · · · · · · · ·		-

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<u></u>		

The date of each amendment(s) ad	option:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blocdocument's effective date on the Dep	ck does not meet the applicable statutory filing requirements, this date will no artment of State's records.	ot be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ad was/were sufficient for approva	opted by the members and the number of votes east for the amendment(s).	
There are no members or members adopted by the board of directors	ers entitled to vote on the amendment(s). The amendment(s) was/were rs.	
Dated	30 2019	
Signature		
have not bee	man or vice chairman of the board, president or other officer-if directors in selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	6	
	(Title of person signing)	