

N18000007459

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

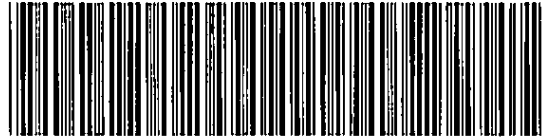
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SEAL OF THE STATE
TALLAHASSEE, FL

216

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 5, 2019

JEAN-MAX DORVAL
C/O 3014 D CHRISTOPHER GADSDEN CT
JACKSONVILLE, FL 32221

SUBJECT: HALLELUJAH HOUSE OF WORSHIP, INC.
Ref. Number: N18000007459

We have received your document for HALLELUJAH HOUSE OF WORSHIP, INC. 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 document must have original signatures.

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) 245-6900.

Stacy Prather
Regulatory Specialist III

Letter Number: 819A00002559

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1/25/2019

To whom it may concern ,

Document # N18000007459

We would like to acknowledge a change of officers and church name from (HALLELUJAH HOUSE OF WORSHIP) to **ALL NATIONS PRAISE CHURCH,INC.**

Thank you for your hard work in helping us make a difference in our community and the world.

Respectfully yours ,

Jean-Max Dorval

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: HALLELUJAH HOUSE OF WORSHIP, INC.

DOCUMENT NUMBER: N18000007459.

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jean-Max Dorval

(Name of Contact Person)

Church

(Firm/ Company)

3014 D Christopher Gadsden Ct

(Address)

Jacksonville , Florida 32221

(City/ State and Zip Code)

speakandimpact@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jean-Max Dorval

904

5661719

at

(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:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

ALL NATIONS PRAISE CENTER, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

ALL NATIONS PRAISE CENTER, INC.

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

New Registered Office Address:

(Florida street address)

_____, Florida
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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JACKSONVILLE, FL

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:

<u>X</u> Change	<u>PT</u>	<u>John Doe</u>
<u>X</u> Remove	<u>V</u>	<u>Mike Jones</u>
<u>X</u> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action
(Check One)

Title

Name _____

Address

1) ☐ Change
☐ Add
☒ Remove

vp

Williams Brown

2) ☐ Change
☐ Add
☒ Remove

yp

John Booker

3) Change
 ~~X~~
 Add
 Remove

V

Nagarette Pierre Louis

3037 John Hancock Ct

Jacksonville, FL 32221

4) ☐ Change
☐ Add
☐ Remove

5) ☐ Change
☐ Add
☐ Remove

6) _____ Change
 _____ Add
 _____ Remove

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

The date of each amendment(s) adoption: _____, 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 block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- ☐ 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.

Dated 1/25/2019 _____

Signature Jean-Max Dorval
(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)

Jean-Max Dorval

(Typed or printed name of person signing)

President

(Title of person signing)

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TALLAHASSEE, FL