

N1900000 1745

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

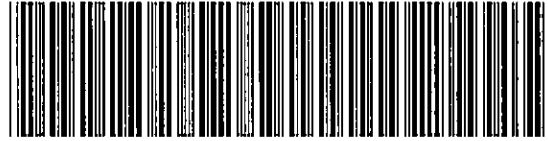
(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 25, 2019

ANTONIA MARIA DE MATOS  
7134 TICKLEGRASS ST  
WINTER GARDENS, FL 34787

SUBJECT: HOUSE OF PRAYER APOSTOLIC FOR ALL NATIONS CORP  
Ref. Number: N19000001745

We have received your document for HOUSE OF PRAYER APOSTOLIC FOR ALL NATIONS 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 document you submitted has been prepared pursuant to nonprofit statutes (chapter 617, Florida Statutes). As the entity was originally filed as a corporation for profit, this document should be filed pursuant to chapter 607, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

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.

Rebekah White  
Regulatory Specialist II Supervisor

Letter Number: 719A00019810

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: HOUSE OF PRAYER APOSTOLIC FOR ALL NATIONS CORP

DOCUMENT NUMBER: P19000001745

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

Please return all correspondence concerning this matter to the following:

ANTONIA MARIA DE MATOS

Name of Contact Person

HOUSE OF PRAYER APOSTOLIC FOR ALL NATIONS CORP

Firm/ Company

7134 TICKLEGRASS ST

Address

WINTER GARDEN FL 34787

City/ State and Zip Code

antoniamr.matos@gmail.com / veruskapoff@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANTONIA MARIA DE MATOS

Name of Contact Person

at (

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 &  
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)

**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

HOUSE OF PRAYER APOSTOLIC FOR ALL NATIONS CORP

2012-08 PM 1:01

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

N19000001745

(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:**

*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)*

7134 TICKLEGRASS ST

WINTER GARDEN FL 34787

**C. Enter new mailing address, if applicable:**

*(Mailing address MAY BE A POST OFFICE BOX)*

7134 TICKLEGRASS ST

WINTER GARDEN FL 34787

**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:

*(Florida street address)*

New Registered Office 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*



(attach additional sheets, if necessary). (Be specific)

[illegible]

09/10/2019

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

09/10/2019

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

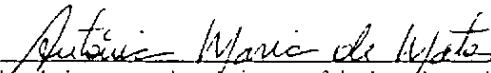
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**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.

09/19/2019

Dated \_\_\_\_\_

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)