N1900000 1745

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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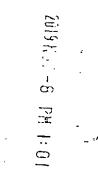




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R. WHITE NOV 1 2 2019





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.

Letter Number: 719A00019810

Rebekah White Regulatory Specialist II Supervisor

COVER LETTER 1

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

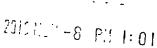
NAME OF CORPOR	ATION: HOUSE OF PRAY	ER APOSTOLIC FOR AL	LL NATIONS CORP	
DOCUMENT NUMB				
	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
	ANTONIA MARIA DE MA	TOS		
•		Name of Contact Person	n	_
	HOUSE OF PRAYER APOS	STOLIC FOR ALL NATIO	NS CORP	
-		Firm/ Company		
	7134 TICKLEGRASS ST			
-	- 1-74 · · · · · · · · · · · · · · · · · · ·	Address	<u> </u>	
	WINTER GARDEN FL 347	87		
-		City/ State and Zip Cod	e	_
	Tonuar mater Email address: (to be use a concerning this matter, please		erus kacyelf & gminotification ()	
Tot farmer information	reoneering this matter, piea.	se can.	Marine was	JUNUSKA
ANTONIA MARIA D	E MATOS	at (+556	ANTONIA 1) 982526476 / 1 de & Daytime Telephone Numb	fs (202) 322 5 40!
Name o	f Contact Person	Area Co	de & Daytime Telephone Numb	per
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:	
S35 Filing Fee	☐S43.75 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		Amend	Address Iment Section on of Corporations	

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation





HOUSE OF PRAYER APOSTOLIC FOR ALL NATIONS CORP (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: 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. 7134 TICKLEGRASS ST B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) WINTER GARDEN FL 34787 C. Enter new mailing address, if applicable: 7134 TICKLEGRASS ST (Mailing address MAY BE A POST OFFICE BOX) 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 ___ (Zip Code)

Page 1 of 4

Signature of New Registered Agent, if changing

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

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

. . .

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	<u>V</u> <u>Mik</u>	<u>1 Doe</u> e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	VERUSKA GREFF TEIXEIRA	7134 TICKLEGRASS ST
X Add			WINTER GARDEN FL 34787
Remove			
2) Change	SCR	KATHLRYN GREFF TEIXEIRA	7134 TICKLEGRASS ST
X Add		·	WINTER GARDEN FL 34787
Remove			
3) Change	SCR	ANTONIO JOSE NAUFEL FILHO	7134 TICKLEGRASS ST
X Add			WINER GARDEN FL 34787
Remove			
4) Change	Т	MARINEIDE DA COSTA	7465 SAN SEBASTIAN DR
Add			BOCA RATON FL 33433
X Remove			
5) Change			
Add			
Remove			
6 3 (1)			
6) Change			
Add			
Remove			

If amending or adding additional Artach additional sheets, if necessary).	(Be specific)				
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The	data of each amone	09/10/2019	id ash an shaar shaa
	e date of each amend this document was s		, if other than the
F ff	ective date <u>if applica</u>	09/10/2019	
1541	renve date <u>ii applier</u>	(no more than 90 days after amendment file date)	
		d in this block does not meet the applicable statutory filing requirements, this date will not be on the Department of State's records.	e listed as the
Ado	option of Amendmer	nt(s) (<u>CHECK ONE</u>)	
	The amendment(s) was/were sufficient	was/were adopted by the members and the number of votes cast for the amendment(s) for approval.	
	There are no memb- adopted by the boar	ers or members entitled to vote on the amendment(s). The amendment(s) was/were rd of directors.	
	Dated	09/19/2019 	
	Signature	Auticio Maria de Matos	
	1	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 tiduciary by that fiduciary)	
		(Typed or printed name of person signing)	
		PRESIDENT	
		(Title of person signing)	