

N 1900000 5668

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

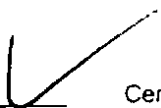
☐

MAIL

(Business Entity Name)

(Document Number)


Certified Copies



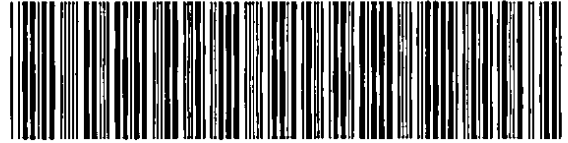
Certificates of Status



Special Instructions to Filing Officer:

Spoke w/ Jackie on 7/29/2019
She Asked to change all items
listed on the Affidavit
form for her per phone
conversation. 

Office Use Only



300331379743 ✓

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S TALLENT

JUL 29 2019

2019 JUL 29 PM 4:45
CLERK OF STATE
STATE OF CALIF.

FILED





FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 25, 2019

JACQUELINE LINJEWILE
JESUS CELEBRATION CENTER INTERNATIONAL,
6220 S ORANGE BLOSSOM TRAIL, UNIT 400 B
ORLANDO, FL 32809

SUBJECT: JESUS CELEBRATION CENTER INTERNATIONAL, INC
Ref. Number: N19000005668

We have received your document and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

ESAU OLOO IS NOT LISTED AS AN OFFICER/DIRECTOR. PLEASE AMEND TYPE OF ACTION ON PAGE 2 OF 4. SEE PRINTOUT ATTACHED.

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.

Susan Tallent
Regulatory Specialist II

Letter Number: 519A00014276



FLORIDA DEPARTMENT OF STATE
Division of Corporations

Remailed
7/25/19

July 15, 2019

JACQUELINE LINJEWILE
JESUS CELEBRATION CENTER INTERNATIONAL,
6220 S ORANGE BLOSSOM TRAIL
ORLANDO, FL 32809

SUBJECT: JESUS CELEBRATION CENTER INTERNATIONAL, INC
Ref. Number: N19000005668

We have received your document and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

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

Susan Tallent
Regulatory Specialist II

Letter Number: 519A00014276

RECEIVED
2019 JUL 24 PM 12:23
TALLENT

COVER LETTER

TO: Amendment Section
Division of Corporations

Jesus Celebration Center International Inc.
NAME OF CORPORATION: _____

N19000005668
DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

Jacqueline Linjewile

(Name of Contact Person)

Jesus Celebration Center International Inc.

(Firm/ Company)

6220 S Orange Blossom Trail

(Address)

Orlando Florida 32809

(City/ State and Zip Code)

mtema10@gmail.com

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

✓

For further information concerning this matter, please call:

Jacqueline Linjewile

813

503-9984

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:

☐ \$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

Jesus Celebration Center International Inc.

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

N19000005668

(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)

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

10818 HOFFNER EDGE Dr.
Riverview FL 33579

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:

(City) Florida

(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

FILED
2019 JUL 29 PM 4:45
SECRETARY OF STATE
FLORIDA

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action (Check One)	Title	Name	Address
1) <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>PST</u>	<u>Esau Oloo</u>	<u>6220 S Orange Blossom TRL</u> <u>Unit 400B Orlando FL</u> <u>32809</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>Pastor</u>	<u>Wilfred Lai</u>	<u>6220 S Orange Blossom TRL</u> <u>Unit 400B Orlando FL</u> <u>32809</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>PST</u>	<u>GITHUNA OLOO</u>	<u></u> <u></u> <u></u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u></u>	<u></u>	<u></u> <u></u> <u></u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u></u>	<u></u>	<u></u> <u></u> <u></u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u></u>	<u></u>	<u></u> <u></u> <u></u>

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.

06/11/2019

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

06/12/2019

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.

06/11/2019

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)

Jacqueline Linjewile

(Typed or printed name of person signing)

Secretary

(Title of person signing)