

N21 0000004086

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

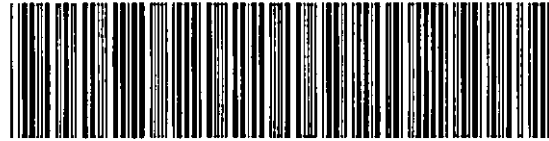
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200375036772

*Amend*

10/15/21--01010--021 \*\*35.00

FILED  
2021 NOV 15 AM 9:33  
CLERK OF DISTRICT COURT  
HARRIS COUNTY TEXAS

A. RAMSEY

NOV 15, 2021

*Simon Ogbeide has  
already signed as  
RA in original  
00672 articles on behalf  
of Community Church*

*X00789, 00611*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 27, 2021

PASTOR CATHERINE SHYNGLE  
RCCG FOUNTAIN OF DIVINE RESTORATION  
9505 N. 26TH STREET  
TAMPA, FL 33612 US

SUBJECT: RCCG FOUNTAIN OF DIVINE RESTORATION INC.  
Ref. Number: N21000004086

We have received your document for RCCG FOUNTAIN OF DIVINE RESTORATION 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 registered agent must sign accepting the designation.

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) 245-6823.

Annette Ramsey  
OPS

Letter Number: 121A00026157

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: RCCG Fountain of Divine Rstoration

DOCUMENT NUMBER: N21000004086

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

Please return all correspondence concerning this matter to the following:

Pastor Catherine Shyngle  
(Name of Contact Person)

RCCG Fountain of Divine Restoration  
(Firm/ Company)

9505 N. 26th Street  
(Address)

Tampa, FL 33612  
(City/ State and Zip Code)

acshyngle@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Pastor Catherine Shyngle                      813                      334-1835  
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 &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>Enclosed) |
|---|--|---|--|

**Mailing Address**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**  
Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Articles of Amendment  
to  
Articles of Incorporation  
of

RC'G Fountain of Divine Restoration **Inc.**

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

N21000004086

(Document Number of Corporation (if known))

**FILED**  
2021 NOV 15 AM 9:33  
CLERK OF STATE  
TALLAHASSEE FLORIDA

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:

N/A

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)

N/A

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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:

Pastor Simon Ogbeide

9205 N. 26th Street

(Florida street address)

New Registered Office Address:

Tampa

(City)

Florida 33642

(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

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>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input type="checkbox"/> Add  <input type="checkbox"/> Remove	<u>D</u>	<u>Pastor Simon Ogbide</u>	<u>3006 E. Ellicott Street</u> <u>Tampa, FL 33610</u>
2) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add  <input type="checkbox"/> Remove	<u>D</u>	<u>Pastor Israel Ovedeji</u>	<u>3006 E. Ellicott Street</u> <u>Tampa, FL 33610</u>
3) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Pastor Catherine Shynge</u>	<u>9205 N. 26th Street</u> <u>Tampa, FL 33612</u>
4) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add  <input type="checkbox"/> Remove	<u>T</u>	<u>Sister Adenike Sanya</u>	<u>3006 E. Ellicott Street</u> <u>Tampa, FL 33610</u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add  <input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change <input type="checkbox"/> Add  <input type="checkbox"/> Remove			

*Handwritten:* 9205 N. 26th Street, Tampa FL 33612

E. If amending or adding additional Articles, enter change(s) here:

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

N/A

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The date of each amendment(s) adoption: 10/10/2021, if other than the date this document was signed.

Effective date if applicable: N/A  
*(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.

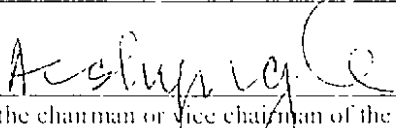
Adoption of Amendment(s) **(CHECK ONE)**

- ☐ 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 10/10/2021

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)

Pastor Catherine Shyngle

(Typed or printed name of person signing)

Director / Pastor

(Title of person signing)