

N21 000005589

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

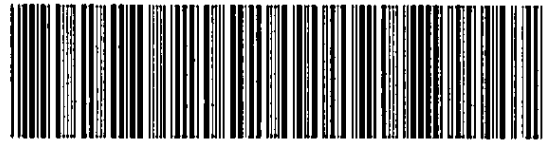
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2021 OCT 18 AM 10:20
SECRETARY OF STATE
FALL ARIZONA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: IBNU FLORIDA CHURCH CORP

DOCUMENT NUMBER: N21000005589

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

Please return all correspondence concerning this matter to the following:

Anacecilia Alvarez

(Name of Contact Person)

(Firm/ Company)

7185 SOMERSWORTH DR

(Address)

Orlando FL 32835

(City/ State and Zip Code)

Cecilia@rschoolexperts.com

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

For further information concerning this matter, please call:

Cecilia Alvarez

305

528-8535

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 type="checkbox"/> \$35 Filing Fee | <input checked="" 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

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee

Articles of Amendment
to
Articles of Incorporation
of

FILED

2021 OCT 18 AM 10:20

IBNU FLORIDA CHURCH CORP

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

SECRETARY OF STATE
TALLAHASSEE, FL

N21000005589

(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)

7185 Somersworth Dr.
Orlando FL 32835

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6965 piazza Grande Avenue
Unit 107
Orlando FL 32835

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:

AES Accounting & Consulting

7065 Westpointe Blvd. Suite 310

(Florida street address)

New Registered Office Address:

Orlando

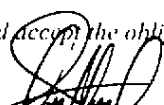
(City)

Florida 32835

(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.



2749 Monticello Way Kissimmee Fl. 34741

☒ 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 10/12/2021 _____

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)

ARGOUD MALAVAZZI, CHRISTIAN

(Typed or printed name of person signing)

President

(Title of person signing)