

N21000005621

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : TAXPEOPLE LLC
Account Number : I20200000160
Phone : (772)460-1000
Fax Number : (772)777-3071

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

COR AMND/RESTATE/CORRECT OR O/D RESIGN ASSEMBLY OF GOD BREVARD INC

Certificate of Status	0
Certified Copy	0
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SECRETARY OF STATE
TALLAHASSEE, FL

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TaxPeople

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July 12, 2022

FLORIDA DEPARTMENT OF STATE
Division of Corporations

ASSEMBLY OF GOD BREVARD INC
51 OLD DIXIE HWY
VERO BEACH, FL 32962US

SUBJECT: ASSEMBLY OF GOD BREVARD INC
REF: N21000005621

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

If the corporation is a NOT FOR PROFIT corporation it must be signed 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.

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

Querida R Silas
Regulatory Specialist II

FAX Aud. #: H22000230322
Letter Number: 922A00015541

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COVER LETTER

TO: Amendment Section
Division of Corporations

ASSEMBLY OF GOD BREVARD INC
NAME OF CORPORATION: _____

N21000005621
DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

CLAUDIO TOLEDO RIBEIRO

(Name of Contact Person)

TaxPeople, LLC

(Firm/ Company)

2855 SW Brighton St

(Address)

Port St Lucie, FL 34953

(City/ State and Zip Code)

assemblyofgodbrevard@gmail.com

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

For further information concerning this matter, please call:

Claudio Toledo Ribeiro

772.460.1000

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 &
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
Tallahassee, FL 32314

Street Address

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

(((H22000086835 3)))

Articles of Amendment
to
Articles of Incorporation
of

FILED

JUL 14 PM 5:5

ASSEMBLY OF GOD BREVARD INC(Name of Corporation as currently filed with the Florida Dept. of State)SECRETARY OF STATE
TALLAHASSEE, FL

N21000005621

(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:**ASSEMBLY OF GOD BREVARD, MADUREIRA MINISTRY, INC***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)****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: TAXPEOPLE, LLC**

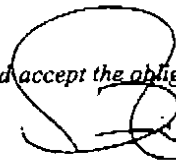
2855 SW BRIGHTON ST

(Florida street address)

New Registered Office Address:

PORT ST LUCIE

(City)

, Florida 34953
(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**

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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 checked="" type="checkbox"/> Change	<u>VP</u>	<u>MARY ELLEN BARBOSA</u>	<u>2365 10th RD SW 154</u>
<input type="checkbox"/> Add			<u>VERO BEACH, FL 32962</u>
<input type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>S</u>	<u>VANDERLEI CASTRO</u>	<u>8386 106th AVE</u>
<input checked="" type="checkbox"/> Add			<u>VERO BEACH, FL 32967</u>
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
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			

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

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

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

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.

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- ☐ 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 07/13/2022

Signature X

(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)

IRAN BARBOSA DA SILVA

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)