## N210000007589

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: New Harv	est Worship Center, Inc.
DOCUMENT NUMBER: N2100000	7589
The enclosed Articles of Amendment and fee are	submitted for filing.
Please return all correspondence concerning this	matter to the following:
Lillie Hanks	(Name of Contact Person)
	(realite of Contact ( cison)
New Harvest Worship Center, In	c.
	(Firm/ Company)
3651 SE 80th Street, Ocala, FL	34480
	(Address)
Ocala, FL 34480	
	(City/ State and Zip Code)
bhanksministries@gmail.com E-mailaddress: (to be	used for future annual report notification)
For further information concerning this matter, p	lease call:
Lillie Hanks or John Hanks, Sr	. at 352-207-0809
(Name of Contact Pe	
Enclosed is a check for the following amount ma	ide payable to the Florida Department of State:
\$35 Filing Fee □\$43.75 Filing Fee     Certificate of Sta	c & S43.75 Filing Fee & S52.50 Filing Fee ttus Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is Enclosed)
Mailing Address	Street Address

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

NEW HARVEST WORSHIP CENTER, INC. (Name of Corporation as currently filed with the Florida Dept. of State) N21000007589 (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. 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: (Florida street uddress) New Registered Office Address: , Florida (City) (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)

Example:

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.

X Change X Remove X Add	V Mik	n Doe e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) <u>X</u> Change Add	_VP	HANKL, JOHN, SR.	3651 SE 80th Street Ocala, FL 34480
Remove			<del>.</del>
2) Change Add	<u>BM</u>	HANKS, BRYAN, SR.	8505 SW 136th Loop Ocala, FL 34473
X Remove 3) — Change Add X Remove	COO	HANKS, BRYAN, JR.	836 Twigg Street Brooksville, FL 34601
4) X Change Add	ADMIN	BAPTISE, CLAUDETTE	3901 SE 66th Street Ocala, FL 34480
Remove			
5) Change Add	<del></del>		
Remove			
6) Change Add			
Remove			
E. <u>If amending or ad</u> (attach additional s		Articles, enter change(s) here: (). (Be specific)	
#1. Change V	ice Presiden	t's name to read: JOHN HAM	UKS, SR.
#4. Change Tit	tle for Clau	dette Baptise to read: Sec	retary

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The date of each amendment(s) ac	loption:			<del>.</del>	, if other than the
date this document was signed.					
T 6545 3 -4 16 17 6.1					
Effective date if applicable:	(no more that	. 00 Jan - 6	andmant Ct. 1		<del></del>
	ino more thai	n 90 aays ajter an	ienameni file date)		
Note: If the date inserted in this blo	ick does not most th	e annlicable statu	tory filino romiros	nonte this data will as	t ha lietad ac tha
document's effective date on the De	partment of State's	records.	any ming requires	acito, tino date will litt	e oc usicu as me
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Adoption of Amendment(s)	(CHECK O	NE)			

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

Dated 07 09 31
Signature Mulle Mant
(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)
LILLIE HANKS
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)