N23000004344

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S. ROBERTS

COVER LETTER

TO: Amendment Section Division of Corporations

AGAPE CUI	A CORP.		
N23000004344			
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee	are submitted for filing.		
Please return all correspondence concerning th	is matter to the following	:	
FABRICIA RESENDE			
	(Name of Contact	Person)	
	(Firnv Comp.	any)	
401 FRANCESCA RIDGE ROAD			
	(Address))	
BOYNTON BEACH, FL 33435			
	(City/ State and Z	ip Code)	
FAB@THEFLORIDALEGAL.COM			
E-mail address: (to	be used for future annual	report notificatio	n)
For further information concerning this matter	please call:		
FABRICIA RESENDE		561 at	7043003
(Name of Contact	Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount i	nade payable to the Florid	ia Department of	State:
□ \$35 Filing Fee ■\$43.75 Filing I Certificate of \$		Certif y is Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)
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

	VI	
AGAPE CUFA CORP.		
(Name of Corporation as currently filed with the Florida	Dept. of State)	
N23000004344		
(Document Numb	per of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statut amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation adopts t	he followin
A. If amending name, enter the new name of the corporal	tion:	
AGAPE USA CORP.		The nev
name must be distinguishable and contain the word "corpora "Company" or "Co." may not be used in the name.	ition" or "incorporated" or the abbreviation "Corp.	" or "Inc."
B. Enter new principal office address, if applicable:	401 FRANCESCA RIDGE ROAD, BOYNTON B	EACH, FL
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
	- · · · · · · · · · · · · · · · · · · ·	
		·
C. Enter new mailing address, if applicable:		20
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	23
	Γ.	2023 0.111 2
		- 10
	*	
D. If amending the registered agent and/or registered offi	ion oddraw in Florida, anton the name of the	P
new registered agent and/or the new registered office a		
		<u>သ</u> -
Name of New Registered Agent:		
		
New Registered Office Address:	(Florida street address)	
		. <u></u> .
	(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered	Agent:	
I hereby accept the appointment as registered agent. I am fa		1.
	- Janicotoff	
Se	ignature of Registered Agent, if charging	

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: X Change X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change Add			
Remove			
2) Change Add		<u> </u>	
Remove 3) Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee	g addition ts, if nece	onal Articles, enter change(s) here: essary). (Be specific)	
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	<u> </u>			
				
				
The date of each amendment(s) adoption:				, if other than the
date this document was signed.				
P. Characters of the Committee black				
Effective date <u>if applicable</u> :	o more than 90 days aft	er amendment file dat		
<u>Note:</u> If the date inserted in this block does document's effective date on the Departmen	not meet the applicable t of State's records.	statutory filing require	ements, this date will no	t be listed as the
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.

Dated	
Signatu	re
	(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)
	(Typed or printed name of person signing)