

N24000002241

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

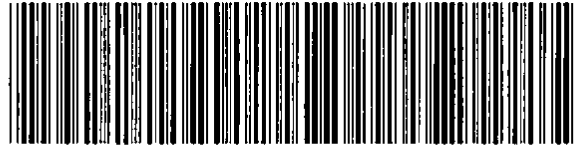
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:
Request 4/20/21

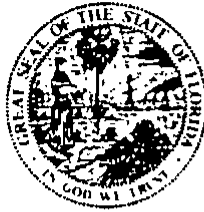
Office Use Only



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FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 21, 2024

KELEY A EADY, PRINCIPAL CONSULTANT
3 SEVERANCE CIRCLE, STE 18834
CLEVELAND HEIGHTS, OH 44118

SUBJECT: HOUSE OF GOD MISSIONS CHURCH INC.
Ref. Number: N24000002241

We have received your document for HOUSE OF GOD MISSIONS CHURCH INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check one of the adoption of amendment boxes, as well as sign and date the last page.

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) 245-6050.

Morgan E Lovett
Regulatory Specialist II

Letter Number: 924A00006152

COVER LETTER

4/30/24

TO: Amendment Section
Division of Corporations

HOUSE OF GOD MISSIONS CHURCH
NAME OF CORPORATION: _____

N24000002241
DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

KELCY EADY, MNO, PRINCIPAL

(Name of Contact Person)

VISION NONPROFIT SOLUTIONS

(Firm/ Company)

3 SEVERANCE CIRCLE STE 18834

(Address)

CLEVELAND HEIGHTS, OHIO 44118

(City/ State and Zip Code)

KEADY@VISIONNONPROFIT.COM

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

For further information concerning this matter, please call:

KELCY EADY

216-309-2051

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:

- \$35 Filing Fee
- \$43.75 Filing Fee & Certificate of Status
- \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
- \$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

Articles of Amendment
to
Articles of Incorporation
of

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

(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**)

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 address)

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

- 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 2/19/2024 _____

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)

KELCY EADY

(Typed or printed name of person signing)

PRINCIPAL CONSULTANT, VISION NONPROFIT SOLUTIONS

(Title of person signing)