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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : INC AUTHORITY, LLC

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Account Number : I20240000004 Phone : (775)329-7721 Fax Number : (775)376-9207

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

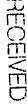
Email	Address:	nvcc4065@gmail.com	
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COR AMND/RESTATE/CORRECT OR O/D RESIGN NEW VISION CHURCH IN CHRIST INC.

Certificate of Status	0
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Help



Articles of Amendment to Articles of Incorporation of

NEW VISION CHUI	RCH IN CHRIST INC.			
(Name of Corporation as currently filed with the Florida L	Dept, of State)			
N2400	00013917			
(Document Numb	er of Corporation (if know	n)		
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this <i>Florida Not For P</i>	rofit Corporation adopts the following		
A. If amending name, enter the new name of the corporat	ion:			
name must be distinguishable and contain the word "corporal "Company" or "Co," may not be used in the name.	tion" or "incorporated" o	The new r the abbreviation "Corp." or "Inc."		
B. Enter new principal office address, if applicable;	22405 W. Newberry Rd.			
(Principal office address MUST BE A STREET ADDRESS	Newberry, FL 32669			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2025		
		22		
D. If amending the registered agent and/or registered office		er the name of the		
new registered agent and/or the new registered office a	ddress:	7. L8		
Name of New Registered Agent:		्रेंस &		
	(Florida street address)			
New Registered Office Address:				
		Florida		
	(City)	(Zip Code)		
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fai		abligations of the position.		
Si	gnature of New Registered	l 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)

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	PT John Do V Mike Jo SV Sally Sr	nes	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) X Change Add	υ	Cleryens Lamarre	205 SW 75TH STREET APT 6N GAINSVILLE, FL 32607
Remove 2) Change Add	<u>D</u>	Lissa Marlien	24390 NW 6TH ROAD NEWBERRY, FL 32669
Remove 3) Remove X Add Remove	<u>D</u>	Rose-Laure Petit-Homme Fievre	25382 SW 22ND AVE NEWBERRY, FL 32669
4) Change Add			
Remove 5)ChangeAddRemove			
6) Change Add			
E. If amending or addin (attach additional shee		cles, enter change(s) here: (Be specific)	

 From Corporate Service C 	Center Inc 1.70	2.507.9682 V	Ved Jan 22	14:31:09 2025	MST Page 4 of 5

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			~ ~		
The date of each amendment(s) adopt	tion:	1.77	.75		, if other than the
date this document was signed.			•		
Effective date if applicable: N/A					
	(no more than 9	0 days after am	endment file d	atv)	
Note: If the date inserted in this block of document's effective date on the Depart			ory filing requ	irements, this date	will not be listed as the
Adoption of Amendment(s)	(CHECK ON	<u>(</u>)			
The amendment(s) was/were adopt was/were sufficient for approval.	ted by the members	and the number	r of votes cast	for the amendmen	n(s)

There are averables as established, emissed to rate on the numericanness. The smandment(s) was seen along the heard of directors.

Oned O//2/ O Statement of directors have not been selected, by as incomposition of an the formula of a corressor, income of allow comes appearated thin way by their Educatey).

Nately form

(Capaci in printed frame of person supring)

·From Corporate Service Center Inc 1.702.507.9682 Wed Jan 22 14:31:09 2025 MST Page 5 of 5

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