## 125000004057

(Requi	estor's Name)	
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

ANOTHER C NAME OF CORPORATION:	HANCE TO WORSHIE	'INC	
N25000004057 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee a	re submitted for filing.		
Please return all correspondence concerning thi	s matter to the following	g:	
CYNTHIA GRAHAM			
	(Name of Contac	et Person)	
ANOTHER CHANCE TO WORSHIP INC			75.2
	(Firm/ Com	oany)	E
13631 NE 4TH ST	,	<b>3</b> /	JUN 24 Pri
	(Address		
WILLISTON, FL			2025 JUN 24 PRIZ 444
· · · · · · · · · · · · · · · · · · ·	(City/ State and	Zip Code)	
CYNTHIA_G317@GMAIL.COM			
E-mail address: (10 b	e used for future annua	report notification	on)
For further information concerning this matter,	please call:		
ALVIN GRAHAM		352 at	316-9771
(Name of Contact I			(Daytime Telephone Number)
Enclosed is a check for the following amount n	nade payable to the Flor	ida Department o	f State:
■ \$35 Filing Fee □\$43.75 Filing Fe Certificate of S	ee & S43.75 Filing tatus Certified Copy (Additional coenclosed)	py is Certi (Add	50 Filing Fee ficate of Status fied Copy itional Copy is osed)
Mailing Address		Street Address	
Amendment Section Division of Corporations		Amendment Sec Division of Corp	
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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, FI. 32303

## Articles of Amendment to Articles of Incorporation of

ANOTHER CHANCE TO WORSHIP INC

(Name of Corporation as currently filed with the Flori	ida Dept. of State)		
ANOTHER CHANCE TO WORSHIP INC			
(Document N	umber of Corporation (if	known)	
Pursuant to the provisions of section 617.1006, Florida St amendment(s) to its Articles of Incorporation:	atutes, this Florida Not	For Profit Corporation adopts the follow	ing
A. If amending name, enter the new name of the corp.	oration:		
		The n	
name must be distinguishable and contain the word "corp"Company" or "Co." may not be used in the name.	ooration" or "incorpora	ed" or the abbreviation "Corp." or "Inc	- <b>**</b>
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRI	ESS)		_
		7. 6.	_
			c==
C. Enter new mailing address, if applicable:			نا ب سن
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	<del></del>	<u> </u>	<u>; ≥-</u> '
		<del></del>	_ 6
			_
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi		a, enter the name of the	
Name of New Registered Agent:			_
		(Florida street address)	—
New Registered Office Address:			
		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I at	ered Agent: m familiar with and acce	pt the obligations of the position.	
	Signature of New Reg	istered 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 S	ones	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) × Change Add	<u>P</u>	ALVINE D GRAHAM	13631 NE 4TH STREET WILLISTON FL 32696
Remove			
2) Change Add			
Remove 3) Remove Add Remove			
4) Change Add	<del> **</del>		
Remove  5) Change Add			03. 2
Remove 6) Change Add		<del> </del>	
(attach additional shee	ets, if necessary).	icles, enter change(s) here: (Be specific)  PRESIDENT, CURRENT DOCUMENT ST.	ATES TITLE AS "V"."
TITLE NEEDS TO STA	TE " <u>P"</u>		

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0.44.042025	
The date of each amendment(s) adoption: 06/18/2025 date this document was signed.	, if other than the
06/18/2025 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 requirer document's effective date on the Department of State's records.	nents, this date will not be listed as the

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

(CHECK ONE)

Adoption of Amendment(s)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
06/18/2025 Dated
Signature Oliver Steelers (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)
PRESI dent (Title of person signing)
(Thie of person signing)

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