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> 2015 JUL -1 AM 10: 22 SECRETARY OF STATE

JUL 0 9 2014 C. CARROTHERS



PASTOR PAUL P. WRIGHT SENIOR PASTOR

June 26, 2015

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

Dear Madam or Sir:

I am Genene Y. Henley, Church Administrator at Calvary Temple of Praise, and I am penning this correspondence to accompany our form—Articles of Amendment.

As stated in the directions, I am to include to following information with the \$35.00 fee:

Telephone Number: (407) 324-0126

Return Address: Calvary Temple of Praise

2020 McCracken Road Sanford, FL 32771

Certification Requirements: Articles of Amendment (adding an officer)

If you have any questions or concerns, please feel free to call me at the telephone number listed above. Thank you.

Sincerely,

Genene Y. Henley, Church Administrator

Calvary Temple of Praise

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Calv	ary Temple of Praise, Inc.
DOCUMENT NUMBER: N 4 17 10	,
The enclosed Articles of Amendment and fee are su	abmitted for filing.
Please return all correspondence concerning this ma	atter to the following:
	Genene Y. Henley (Name of Contact Person)
·	(Name of Contact Person)
Cal	vary Temple of Praise, Inc.
	(Firm/ Company)
2 (20 McCracken Ruad
	(Address)
	Sanford, FU 32771 (City/ State and Zip Code)
	(City/ State and Zip Code)
	DW/ 11/1200 1
E-mail address: (to be us	P Wright 678 @ ool. com sed for future annual report notification)
For further information concerning this matter, please	se call:
Genene Y. Henley	on) at (407) 324-0126 (Area Code) (Daytime Telephone Number)
(Name of Contact Person	on) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made	payable to the Florida Department of State:
\$35 Filing Fee Status Certificate of Status	& \$\sumsymbol{\subset}\$\$\$ \$\sumsymbol{\subset}\$\$\$ \$\sumsymbol{\subset}\$\$ \$\sumsymbol{\subset}\$\$\$ \$\sumsymbol{\subset}\$\$\$ \$\sumsymbol{\subset}\$\$\$ \$\sumsymbol{\subset}\$\$\$\$ \$\sumsymbol{\subset}\$
Mailing Address	Street Address

Mailing Address

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

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

Altici	of		
Calvany Ta	male of	Praise Inc.	
(Name of Corporation as curre	ntly filed with the Fl	orida Dept. of State)	
	11710_	_	
(Document Num	ber of Corporation (if	known)	
Pursuant to the provisions of section 617.1006, Florida Statu amendment(s) to its Articles of Incorporation:	tes, this <i>Florida Not I</i>	For Profit Corporation adopts the following	American f 3
A. If amending name, enter the new name of the corpora	tion:	mic m	TIL
N/A		The new =	
name must be distinguishable and contain the word "corpor "Company" or "Co," may not be used in the name.	ation" or "incorporal	The new ed" or the abbreviation "Corp." or Inc."	, 3 3
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS	<u> </u>		
C. Enter new mailing address, if applicable:	N /A		
(Mailing address MAY BE A POST OFFICE BOX)			
D. If amending the registered agent and/or registered of		a, enter the name of the	
new registered agent and/or the new registered office	address:		
Name of New Registered Agent:	<u> </u>		
New Registered Office Address:		(Florida street address)	
Henrical Spice Little Spice Lit			
	(City)	, Florida (Zip Code)	
N. D. M. J. A. S. Ch. A. Stabard, Basiness			
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am j		pt the obligations of the position.	
	. /		
	N/A	sistered Agent, if changing	
	Signature of New Reg	usterea Agent, ij 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 I V Mike J SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add Remove	<u>D</u>	Mildred L. Paige	253 Venetian Bay Circle Sanford, FL 32771
2) Change Add Remove			
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)						
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				<u>.</u>		

The date of each amendment(late this document was signed:		June 2	9, 2015	, if other than the	he
Effective date <u>if applicable</u> :	(no more	June 2 e than 90 days after	.9 , 2015 amendment file date)		
Note: If the date inserted in this document's effective date on the	s block does not med	et the applicable sta		ents, this date will not be listed as the	
Adoption of Amendment(s)	(CHEC	K ONE)			
The amendment(s) was/we was/were sufficient for app	re adopted by the moroval.	embers and the nur	nber of votes cast for the	ne amendment(s)	
There are no members or n adopted by the board of di	nembers entitled to v	vote on the amendn	nent(s). The amendme	nt(s) was/were	
Dated	June :	29, 2015			
Signature	Jere 2	XHenles	√	·	
have no		an incorporator – if	heresident or other off in the hands of a receiry)		
	Gei	nene Y. (Typed or printed n	Henley ame of person signing		
		Divec	f person signing)		