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(Re	questor's Name)	
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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: HOUSE Of Bethel Spirit of truth in	C
DOCUMENT NUMBER: N9400008908	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Barbara Dowling (Name of Contact Person)	
House of Bethel Spirit of truth inc. (Firm/Company)	
3528 Armstrong Street	
Jacksonville Florida 32218-3179 (City/State and Zip Code)	
For further information concerning this matter, please call:	
Barbara Dowling (Name of Contact Person)  at (904) 109 - 1002 a (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount made payable to the Florida Department of State:	
\$35 Filing Fee \$\ \text{Certificate of Status}\$\$ \$43.75 Filing Fee & \text{Certified Copy} & \text{(Additional Copy} & \text{is enclosed})\$\$	.1S
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle	

Tallahassee, FL 32301

## **Articles of Amendment**

to
Articles of Incorporation

of		
HIMSE. OF	Bethel Spail of	Tru
(Name of Corporation as currently filed wi	ith the Florida Dept. of State	1/C
N9400002908		-
(Document Number of Corpo	oration (if known)	
Pursuant to the provisions of section 617.1006, Florida Statuthe following amendment(s) to its Articles of Incorporation:		adopts
A. If amending name, enter the new name of the corpora	ation:  HASSEE	20 75
The new name must be distinguishable and contain the waabbreviation "Corp." or "Inc." "Company" or "Co." may		1:0
B. Enter new principal office address, if applicable:	3658 Robenask	oad
(Principal office address <u>MUST BE A STREET ADDRESS</u>	Jackson ville JFL 30	2018
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	35a8 Armstrongst	reet
	Jacksonville, FC 32	318
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office		<u>e</u>
Name of New Registered Agent:		
Traine of New Negisterea rigent.		
New Registered Office Address: (Fi	lorida street address)	
	, Florida	
	(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered		
I hereby accept the appointment as registered agent. I a position.	am familiar with and accept the obligations	of the
Signature of N	lew Registered 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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
<del></del>			Add Remove
	<del></del>		
			L Remove
E. If amen	ding or adding additional Articles, end dditional sheets, if necessary). (Be s	nter change(s) here: pecific)	
			- <del></del>
<del></del>			
		· · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s) adoption:
Effective date if applicable: 4 2009
(no more than 90 days after amendment file date)
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.
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
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)
Pastor Barbara Dowling (Typed or printed name of person signing)
Tastor (Title of person signing)

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