## N9400000 4943

(Re	equestor's Name)	
(Ad	ddress)	
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(Ac	ldress)	
	10: (7: (7)	
(Ci	ty/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Name)	
(Do	ocument Number)	
Certified Copies	_ Certificates of	Status
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## COVER LETTER

TO: Amendment Section
Division of Corporations

Faith Heritag	ge Pentecostal Holiness Church, Inc.
N94000004943 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee	are submitted for filing.
Please return all correspondence concerning th	tis matter to the following:
Elizabeth Martin	
	(Name of Contact Person)
SonShine Network Ministries	
	(Firm/ Company)
7 W. Main Street, Suite 300	
	(Address)
Apopka, FL 32703	
	(City/ State and Zip Code)
em@snmiphc.org	
E-mail address: (to	be used for future annual report notification)
For further information concerning this matter.	. please cali:
Elizabeth Martin	407 880-0241
(Name of Contact	
Enclosed is a check for the following amount t	made payable to the Florida Department of State;
☐ \$35 Filing Fee ■\$43.75 Filing Fee Certificate of \$	
Mailing Address Amendment Section	Street Address Amendment Section

Amendment Section 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, FL 32303

## Articles of Amendment to Articles of Incorporation of

Faith Heritage Pentecostal Holiness Church, Inc.				_
(Name of Corporation as currently filed with th	e Florida I	Dept. of State)		
N94000004943				
(Docur	nent Numb	er of Corporation (if	known)	
Pursuant to the provisions of section 617.1006, Flo amendment(s) to its Articles of Incorporation:	rida Statute	es, this <i>Florida Not I</i>	For Profit Corporation adopts the fol	lowing
A. If amending name, enter the new name of th	e corporat	<u>ion:</u>		
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam		tion" or "incorporat	ed" or the abbreviation "Corp," or	e new Inc."
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD)		7 W. Main Street, S	Suite 300	
		Apopka, FL 32703		
			-	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		7 W. Main Street,	Suite 3(X)	; ;
		Apopka, FL 32703		
		<u></u>		
D. If amending the registered agent and/or reginew registered agent and/or the new register	stered office a	<u>ce address in Florid</u> ddress:	a, enter the name of the	
Name of New Registered Agent:	Elizabeth	Martin		
	7255 Grove Ave.			
New Registered Office Address:	(Florido street address)			
	Winter Pa	ırk	, Florida 32792	
		(City)	(Zip Code)	
New Registered Agent's Signature, if changing I I hereby accept the appointment as registered agen	Registered t. I am fan	Agent: niliar with and accep	ot the obligations of the position.	
_	<u> کننع</u>	about ?	Marti	
	20	gnature of New Regi:	stered 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 De           V         Mike Jo           SV         Sally Sr	ones .	
Type of Action (Check One)	<u>Title</u>	Name	Address
Change Add	V	Dave Ragan	2510 Fouraker Rd. Jacksonville, FL 32210
Remove			
2) Change Add	<u>st</u>	Rachel King	4012 Round Lake Rd. Apopka, Fl. 32712
Remove 3 ) Remove Add Remove			
4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add			
Remove			
E. If amending or addin (attach additional sheet		cles, enter change(s) here: (Be specific)	
		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
			· <del>·····</del>
	<del></del>		
		<del></del>	

The date of each amendment(s) adoption:		
date this document was signed.  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 requirements, this date will not be listed as the document's effective date on the Department of State's records.  Adoption of Amendment(s)  (CHECK ONE)		
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	Note: If the date inserted in this blo document's effective date on the De	ock does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
	Adoption of Amendment(s)	(CHECK ONE)
was/were sufficient for approval.	☐ The amendment(s) was/were as	dopted by the members and the number of votes cast for the amendment(s)

.

here are no memi adopted by the boa	bers or members entitled to vote on the amendment(s). The amendment(s) was/were and of directors.
Dated Signature	7/21/20  By the charman or vice chairman of the board, president or other officer-it directors
′	have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	Ray Willis
	(Typed or printed name of person signing)
	President
	(Title of person signing)