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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: BEHACING HOITIAN ASSEMBLY OF GOOD, INC
DOCUMENT NUMBER: <u>N 950000 5389</u>
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Bev. Idalbert Lucas (Name of Contact Person)
Bethany Haitian Assembly of God, Inc.
69 29 Wingard Road (Address)
Orl and O, FL 30809 (City/ State and Zip Code)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ROU. IdalOrt Lucas at (407) 470-3818 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee \$\Bigcup \\$43.75 Filing Fee \& \Bigcup \\$43.75 Filing Fee \& \Bigcup \\$52.50 Filing Fee \& \Bigcup \\$64 Certificate of Status \\ (Additional copy is enclosed) \\ (Additional Copy is Enclosed)
Mailing Address Street Address

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

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

	Articles of Amendment	TILE
·	to	10 110 10 00 -
	Articles of Incorporation of	18 AUG 12 PH 3:35
Betnany Haitian (Name of Corporation as currently filed w	Assembly of C	oof the
1000	0 0 0 0 0 0 0	
	WW 5384	
(Document Nu	imber of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Flo amendment(s) to its Articles of Incorporation:	rida Statutes, this Florida Not Fo	r Profit Corporation adopts the following
A. If amending name, enter the new name of the	e corporation:	
	17/10	
	O/H	The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam	l "corporation" or "incorporated"	" or the abbreviation "Corp." or "Inc."
Company of Co. may not be used in the num	<u>e</u> .	
B. Enter new principal office address, if applica	ible:) / /\
(Principal office address MUST BE A STREET A	DDRESS)	7
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX</u>)	V/A
D. If amending the registered agent and/or registered registered agent and/or the new registered Name of New Registered Agent:		enter the name of the
	(Florida street address)	H
New Registered Office Address:		
	NIA	, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agent	Registered Agent: ot. I am familiar with and accept	the obligations of the position.
Signati	ire of New Registered Agent, if ch	anging

Page 1 of 4

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		Doe Jones Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add Remove	Director	Gilbert Dertes	6229 Winlgard Rd Orlando, Fl 3280
2) Change Add			
Remove 3) Change			
Add			
4) Change			
Remove			
5) Change Add	40-12		
Remove			
6) Change			
Remove			

attach additional	sheets, if necessary). (Be specific)	
		-
		•
		-
•		

The date of each amendment(s) adoption: date this document was signed. Effective date if applicable: (no more than 94 days after amendment)	if other than the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and the number of vote was/were sufficient for approval.	es cast for the amendment(s)
There are no members or members entitled to vote on the amendment(s). The adopted by the board of directors.	e amendment(s) was/were
Dated 8/6/13 Signature Akello CCO	
(By the chairman or vice chairman of the board, president have not been selected, by an incorporator – if in the hand other court appointed fiduciary by that fiduciary)	
Total best UC (Typed or printed name of person signing)	as
Diractor	
(Title of person signing)	