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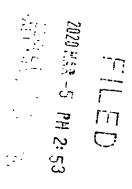
(Rea	uestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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Office Use Only



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MAR 25 2020 I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Thristian Generation Center of Japa, Irc.
DOCUMENT NUMBER: N 970000 1471
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
+ Clarice Pennington (Name of Contact Person)
Christian Generation Center of Hope (Firm/Company)
2601 - 54 Avenue South (Address)
St. Petersburg, Florida 33712 (City/State and Zip Code)
(City/ State and Zip Code)
Prinistry O yaho, Com. E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
+ Clarice Pennington at 727-202-6243 (Name of Contact Person) (Area Code) (Daytime Telephone Number)
(Name of Contact Person? (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
□ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status Certificate of Status Certificate of Status (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

of

(Name of Corporation as currently filed with the Flo	i Center of H	ope Inc.	
(Name of Corporation as currently filed with the Flo	orida Dept. of State)		
N 970000 1 471 (Document	Number of Corporation (if know	wn)	
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For F	Profit Corporation adopts the following	
A. If amending name, enter the new name of the con	rporation:		
The Church of bove name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.			
B. Enter new principal office address, if applicable:	2601 54	th Avenue Sucth	
(Principal office address <u>MUST BE A STREET ADD</u>	RESS) St Potor	sburg Florida	
		- '	
	<u>33712</u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX		rellas Point Drive South	
		ing, Florida 33705	
	<u>31, release</u>	149, 11011112 3010	
D. If amending the registered agent and/or registers		nter the name of the	
new registered agent and/or the new registered o	office address:		
Name of New Registered Agent:			
	(Florida street address)		
New Registered Office Address:			
_		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Regi	istered Agent:		
I hereby accept the appointment as registered agent.	I am familiar with and accept the	e obligations of the position.	
		20.	
	Signature of New Registere	and transfer if about its about its	
	Signature of New Registere	ed Agent, If changing	
		N C	
		7 · 7 · 7 · 7 · 7 · 7 · 7 · 7 · 7 · 7 ·	

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 V SV	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add			
Remove			
2) Change Add	<u> </u>		
Remove 3) Change Add Remove			
4) Change Add			
Remove			
5) Change Add		 .	
Remove			
6) Change Add			
Remove			
E. If amending or addir (attach additional shee		nal Articles, enter change(s) here: ssary). (Be specific)	

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The date of each amendment(s) ado	ption:			if other than the
date this document was signed.				
	and 1 2	11 21 47		
Effective date <u>if applicable</u> : \(\sum_Q\)	ATTH OF X	020		
	ino more than 90 da	iys ajter amendment j	ne 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)



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

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