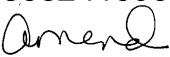
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
,

Office Use Only



300241890673



11/20/12--01008--025 **52.50



COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: THE REDEEMED CHRISTIAN CHURCH OF GOD N98000003534 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: PASTOR CHRISE. DGALI (Firm/ Company) OI NW 5THAVENUE
(Address) MIAMI /FL 33169 CHREGAL20010 YAH00 • COM
ess: (to be used for future annual report notification) For further information concerning this matter, please call: CHRIS E - OGALI at (786), 208 7078

ame of Contact Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: □\$52.50 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □ \$35 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed)

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

FILED

Artic	les of Incorporation	FILL	. 0
	~.¢	Age Deven	Y PARISH INK
THE REDERMED CHRISTIA	N CHURCH OF G	SECRETARY OF TALLAHASSEE, I	STATE TIME
(Name of Corporation as currently filed with the F	norida Dept. of State	SECTE ASSEE.	FOKIDA
N980	00000 <i>35</i> 34	TALLATING	
(Document Number of Corp	oration (if known)	·	
Pursuant to the provisions of section 617.1006, Florida Statuamendment(s) to its Articles of Incorporation:	ates, this Florida Not For Profit C	orporation adopts the fo	ollowing
A. If amending name, enter the new name of the corporation	ation:		
		,	The new
name must be distinguishable and contain the word "corpor	ration" or "incorporated" or the a		
"Company" or "Co." may not be used in the name.	1-171 117	-777 1 1/call	1/-
B. Enter new principal office address, if applicable:		5TH AVENU	I.E.
(Principal office address <u>MUST BE A STREET ADDRES</u>	S) MTAMTFL	33169	
C. Enter new mailing address, if applicable:	15101 NW 5	-11+ AVENDI	IF
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)			, ~
	MIAMI FI	1 33169	
		· · · · · · · · · · · · · · · · · · ·	
D. If amending the registered agent and/or registered of		name of the	
new registered agent and/or the new registered office	address:		
Name of New Registered Agent:	<u> </u>	 .	
15101	NW 5" AV	ENUE	
	(Florida street address)		
New Registered Office Address:	TALAT	7716a	•
		_{rida} _33/69	<u></u>
(Cit	<i>v)</i> (2	Zip Code)	
New Registered Agent's Signature, if changing Registered			
I hereby accept the appointment as registered agent. I am	familiar with and accept the obliga	itions of the position.	
	NIA		
Signature of New Reg	gistered Agent, if changing		

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	<u>PT</u> <u>V</u> <u>SV</u>	John Do Mike Jo Sally Sn	<u>nes</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change Add Remove		_		
2) Change Add Remove		_		
3) Change Add Remove		_		
4) Change Add Remove		_		
5) Change Add	<u> </u>			
Remove 6) Change Add		-		
Remove				

E. If amending or adding additional Arti (attach additional sheets, if necessary).	icles, enter change(s) here:
(altach additional sheets, if necessary).	•
	KI/A
	14/1.
	
· · · · · · · · · · · · · · · · · · ·	
·	
	· · · · · · · · · · · · · · · · · · ·
· · · · · · · · · · · · · · · · · · ·	
· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·

The date of each amendment(s) adoption:	
Effective date if applicable: Octobe 30th 7012	
(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.	
Dated October 35th 2012	
Signature	
(By the chairman or vice chairman of the poard, 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)	
CHRIS E. OGALI	
(Typed or printed name of person signing)	
PRESIDENT/PASTOR	