N9900000259

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SECRETARY OF STATE FALLAHASSEE, FLORIDS

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CO	RPORA	ATION: SPRING ECC	NOMIC COMMUNITY C	ENTER, INC
DOCUMENT!	NUMBI	ER: N99000000259		
The enclosed Ar	ticles o	f Amendment and fee are su	bmitted for filing.	
Please return all	corresp	ondence concerning this ma	tter to the following:	
_			ST.P. WALTERS	· · · · · · · · · · · · · · · · · · ·
		(Name o	f Contact Person)	
_			COMMUNITY CENTER, INC	<u> </u>
		(Fin	m/ Company)	
<u>-</u>		10250 WE	EST SAMPLE RD	·
		((Address)	
_			PRINGS, FL. 33065	
		(City/ St	ate and Zip Code)	
, –			HURCHOFCHOICE.COM ed for future annual report notifica	tion)
For further infor	rmation	concerning this matter, pleas	se call:	
		. Waltes	at (561) 262 (Area Code & Daytin	-2986
1)	Name of	Contact Person)	(Area Code & Daytin	ne Telephone Number)
Enclosed is a ch	eck for	the following amount made	payable to the Florida Department	of State:
□\$35 Filing Fe		□ \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	Amend	Address ment Section	Street Address Amendment Section	
	P.O. Bo		Division of Corporatio Clifton Building	
	Tallaha	ssee, FL 32314	2661 Executive Center Tallahassee, FL 32301	Circle



October 21, 2009

ORAL ST.P. WALTERS 10250 W SAMPLE RD CORAL SPRINGS, FL 33065

SUBJECT: SPRING ECONOMIC COMMUNITY CENTER, INC.

Ref. Number: N99000000259

We have received your document for SPRING ECONOMIC COMMUNITY CENTER, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is N01000001212 INTERNATIONAL HOUSES OF PRAYER, INC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Letter Number: 209A00033621

Teresa Brown Regulatory Specialist II

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

Articles of Amendment to Articles of Incorporation of



(Name of Corporation as currently filed with the Florida Dept. of State)

2009 DEC 18 AM 9: 19

N9900000259

(Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

Α.	If amending	name, ente	r the new	name of the	corporation:
	II amcnumz	manic, citte		manic or the	COLDOI ALIONI

	———		
HOUSE OF PR	RAYER AND	PRAISE WORSE	IIP CENTER INC.

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

Enter new principal office address, if app	Jireable.	50 WEST SAMPLE RE	<u>). </u>
rincipal office address <u>MUST BE A STREI</u>	ET ADDRESS)	RAL SPRINGS, FL. 33	065
	<u></u>		
Enter new mailing address, if applicable	<u>>:</u>		
(Mailing address <u>MAY BE A POST OFF</u>)	<u></u>		
		ess in Florida, enter the na	ame of th
. If amending the registered agent and/or new registered agent and/or the new reg		ess in Florida, enter the na	ame of th
		ess in Florida, enter the na	ame of th
new registered agent and/or the new reg			ame of th
new registered agent and/or the new reg Name of New Registered Agent:	istered office address:		

Signature of New 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
			□ p
E. If amen	nding or adding additional Art additional sheets, if necessary).	icles, enter change(s) here: (Be specific)	
•			
			,
			
			•

The date of each amendment	t(s) adoption: 12/11/2009
Effective date <u>if applicable</u> :	(date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we was/were sufficient for app	ere adopted by the members and the number of votes cast for the amendment(s) proval.
✓ There are no members or adopted by the board of di	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.
Dated 12/0	13/09 St. Wale
(By	y the chairman or vice chairman of the board, president or other officer-if director, we not been selected, by an incorporator – if in the hands of a receiver, trustee, her court appointed fiduciary by that fiduciary)
	ORAL ST.P. WALTERS
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)