## N99000001229

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TO: Amendment Section

Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

NAME OF CORPORATION: True Fellowship Holiness Church of Tallahassee
DOCUMENT NUMBER: <u>N/9900001729</u>
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Edith W. Gancey (Name of Contact Person)
True Fellowship Holiness Church of Tallahassee (Firm/Company)
123 F71MU WRY (Address)
Tallahassee, Florida 32314 (City/ State and Zip Code)
Edyancey 45 @ amail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Edith Yancey at (850) 999-9668 (Name of Contact Person) at (850) 999-9668
Enclosed is a check for the following amount made payable to the Florida Department of State:
□ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status  Certified Copy (Additional copy is enclosed)  □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address Amendment Section  Street Address Amendment Section

Amendment Section Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

## Articles of Amendment to Articles of Incorporation

FILED

9900001229 (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: A. If amending name, enter the new name of the corporation: 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. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: (Florida street address) New Registered Office Address: Florida (Zip Code) (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

P = President; V= Vice Executive Officer; CFO held. President, Treasure	= Chief Financial	nsurer; S= Secretary; D= Director; TR= Trus Officer. If an officer/director holds more than be PTD.	stee; C = Chairman or Clerk; CEO = Chief  n one title, list the first letter of each office
Changes should be noted a change, Mike Jones led Mike Jones, V as Remove	aves the corporation	nanner. Currently John Doe is listed as the P. on, Sally Smith is named the V and S. These sh SV as an Add.	ST and Mike Jones is listed as the V. There is ould be noted as John Doe, PT as a Change,
Example: X Change X Remove X Add	PT         John D           V         Mike Jo           SV         Sally S	ones	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change Add	Asd Pastr	Blessie Bryon Graves	3519 Sunkiss R Tallahassee 213230505
Remove			Tulluhussee 2132 zous
2) Change Add			
Remove 3 )			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or additional she	ing additional Art eets, if necessary).	icles, enter change(s) here: (Be specific)	

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:

	<del></del>			
		<del></del>		
<del></del>				
<u> </u>			<u> </u>	

(Title of person signing)

2027 DEC 22 AM II: 02