N9900005365

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(City/State/Zip/Phone #)	
(Business Entity Name)	-
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COVER LETTER	
TO: Amendment Section Division of Corporations	
Whitehouse Assembly of God NAME OF CORPORATION:	
N99000005365	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Susan Wolfe	
(Name of Contact Person)	
Whitehouse Assembly of g	
(Firm/ Company)	
135 Chaffee Road South	
(Address)	
Jacksonville FL 32220	
(City/ State and Zip Code)	
susan@whitehouseag.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Susan Wolfe 904 6950531	
(Name of Contact Person) (Area Code) (Daytime Telephon	e Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:	
S35 Filing Fee □S43.75 Filing Fee & □S43.75 Filing Fee & □S52.50 Filing Fee Certificate of Status (Additional copy is enclosed) (Additional Copy is Enclosed)	
Mailing Address Streat Address	

<u>Mailing Address</u> Amendment Section Division of Corporations P.O. Box 6327

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<u>Street Address</u> Amendment Section Division of Corporations The Centre of Tałłahassee .

Articles of Amendment to Articles of Incorporation of

Whitehouse Assembly of God Inc

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2023 SEP 26 Alt 7: 36

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(Docu	ment Number of Corporation (if kn	own)
Pursuant to the provisions of section 617.1006, Flumendment(s) to its Articles of Incorporation:	orida Statutes, this <i>Florida Not Fo</i> r	Profit Corporation adopts the following
A. If amending name, enter the new name of the	he corporation:	
		The new
name must be distinguishable and contain the wor "Company" or "Co." may not be used in the nam		" or the abbreviation "Corp." or "Inc."
 Enter new principal office address, if applic Principal office address <u>MUST BE A STREET</u>. 		
	,	
7 - Patan and an alternative statement (Carable black)		
 Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE</u>) 	(BOX)	
). If amending the registered agent and/or reg	istered office address in Florida,	enter the name of the
new registered agent and/or the new registe		
	Susan Wolfe	
Name of New Registered Agent:		
	1690 Spring Branch Dr. E.	
Name of New Registered Agent:	(Flo	rida street address)
	(Flo	rida street address)
Name of New Registered Agent:	(Flo	rida street address), Florida (Zip Code)

Signature of New Registered Agant. 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)

t

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: <u>X</u> Change <u>X</u> Remove <u>X</u> Add	<u>V</u> <u>Mil</u>	n Doe se Jone <u>s</u> y Smith	
<u>Type of Action</u> (Check One)	<u>_Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	<u>C</u>	Carol Hicks	16076 Sawpit Road Jacksonville FL 32226
Remove 2) <u>*</u> Change Add	<u>p</u>	Jeul Strickland	5720 Piper Glen Blvd Jacksonville, FL 32222
3) <u>×</u> Change Add Remove	<u>v</u>	Arlie Johns	37027 Michigan St Hifliard FL 32046-6876
4) <u>*</u> Change Add	<u>D</u>	Joshua Johns	135 Chaffee Road S Jacksonville, FL 32220
Remove Change Add	<u> </u>	Susan Wolfe	1690 Spring Branch Dr. E. Jacksonville, FL 32221
6) Remove Add Remove		,	

E. <u>If amending or adding additional Articles, enter change(s) here</u>: (attach additional sheets, if necessary). (Be specific) · ,

The date of each amendment(s) adoption:	
	·

 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.

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

9-19-23 Dated Signature

By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court eppointed fiduciary by that fiduciary)

Joshua Johns (Typed or printed name of person signing)

Director Paster (Title of person signing)