## P110000 81823

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(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: AFRICAN RELIG	IONS CORP	
	BER: P 11000081823		
The enclosed Article.	s of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	Juan Nestor Alvarez		
		Name of Contact Persor	1
	African Religions Corp		
		Firm/ Company	-
	725 Wechsler Circle		
		Address	. 107
	Orlando Florida 32824		
	-	City/ State and Zip Code	
	alvarezjuan2000@yahoo.com	1	
	·	sed for future annual report	notification)
	on concerning this matter, pleas		
		at (	704 7194 
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check t	or the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	\$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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio The Co 2415 i	7.ddress Iment Section on of Cooperations entre of Tallahassee N. Monroe Street, Suite 810 issee, FL 32303

## Articles of Amendment to Articles of Incorporation of

AFRICAN RELIGIONS (	$(^{\circ})$	RР
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(Name of Corporation as currently	y filed with the Florida Dept. of State)
P11000081823	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this $F$ its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment
A. If amending name, enter the new name of the corporation:	
POWER OF THE UNIVERSE CORP	The new
name must be distinguishable and contain the word "corporation," "co". "Inc.," or Co.," or the designation "Corp." "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	3
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	·
thating dutiess BIAT BL ATOST OFFICE BOX	至(
	. 0
D. If amending the registered agent and/or registered office addre	ess in Florida, enter the name of the
new registered agent and/or the new registered office address:	<u>.</u>
Name of New Registered Agent	
(Florida stree	vet address)
New Registered Office Address:	Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	: with and accept the obligations of the position.
Signature of New Rep	egistered Agent, if changing

## Check if applicable

■ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, an 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 = Chie 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.

X Change	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	<del></del>		
Add			
Remove			
6) Change			
Add			
Remove			

If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)	
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provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)	
(ij noi appir ane, mar are 1911)	

	t(s) adoption:	, if other than the
date this document was signed		
Effective date if applicable:	04 / 05 / 2020	
	(no more than 90 days after amendment file	date)
Note: If the date inserted in document's effective date on	this block does not meet the applicable statutory filing require the Department of State's records.	ements, this date will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/we action was not required.	ere adopted by the incorporators, or board of directors without sl	hareholder action and shareholder
	ere adopted by the shareholders. The number of votes east for the rere sufficient for approval.	ne amendment(s)
	ere approved by the shareholders through voting groups. The folled for each voting group entitled to vote separately on the amen	
"The number of voto	s cast for the amendment(s) was/were sufficient for approval	
Juan Nestor Alv	arez	
w	(voting group)	
04 / 0 Dated Signature _	A Sulfa Cla	
(1)	By a director, president or other officer – if directors or officers elected, by an incorporator – if in the hands of a receiver, trusted ppointed fiduciary by that fiduciary)	
	Juan Nestor Alvarez	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	

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