## Madosss

(Re	equestor's Name)	
(Ad	dress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
	•	
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



600283595986

03/22/16--01022--014 \*\*43.75

ŊĆ

MAR 28 2016

R. WHITE

SECRETARY OF STATE

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	THANKSGIVING TO	THE LORD	, INC
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are sub	mitted for filing.		
Please return all correspondence concerning this matt	er to the following:		
BYRON RALPH ODMAN CHARLES			
	(Name of Contact Pers	son)	***************************************
TABERNACLE OF THANGIVING TO THE LORE	), INC		
	(Firm/ Company)		
2008 43RD AVE WEST			
	(Address)		
BRADENTON, FLORIDA 34205			
	(City/ State and Zip Co	ode)	
tabernacleofthanksgivings@gmail.com			
E-mail address: (to be use	d for future annual repo	rt notification	1)
For further information concerning this matter, please	e call:		
Byron Ralph Odman Charles		941	462-5097
(Name of Contact Person			(Daytime Telephone Number)
Enclosed is a check for the following amount made p	ayable to the Florida De	epartment of	State:
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status		Certif Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Ame Divi	et Address endment Sect sion of Corpo on Building	

2661 Executive Center Circle Tallahassee, FL 32301

## **Articles of Amendment** to **Articles of Incorporation**

FILED

16 MAR 22 PH 1: 20

TABERNACLE OF THANKSGIVING TO THE LORD, INC

NKSGIVING TO THE LORD, INC

SECRETARY OF STATE

(Name of Corporation as currently filed with the Florida Dent. of State) 55EL FLORIDA

N1200005495	ntly filed with the Piolica	a Dept. of State)
	ber of Corporation (if know	wn)
Pursuant to the provisions of section 617.1006, Florida Statut amendment(s) to its Articles of Incorporation:	es, this <i>Florida Not For I</i>	Profit Corporation adopts the following
A. If amending name, enter the new name of the corporat	tion:	
NEW HOPE COALITION, INC		The new
name must be distinguishable and contain the word "corpord" "Company" or "Co." may not be used in the name.	ution" or "incorporated"	or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	2008 43RD AVE WES	Γ
(Principal office address <u>MUST BE A STREET ADDRESS</u>	BRADENTON, FL 342	05
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2008 43RD AVE WES	Г
	BRADENTON, FL 342	05
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office		nter the name of the
Name of New Registered Agent:		
	(Flori	da street address)
New Registered Office Address:		
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am for	d Agent: amiliar with and accept th	e obligations of the position.
	Signature of New Register	ed 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)

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	PT John Do V Mike Jo SV Sally Si	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	DARRYL BROWN	5120 55TH ST NORTH
X Add			KENNETH CITY, FL 33709
Remove			
2) Change	D	BERTHONY ELUCIEN	3170 AIRMANS DR
X Add			FORT PIERCE, FL 34946
Remove			
3 ) Change	D	ROBERT WAGLER	11843 14TH AVE E
X Add	,		BRADENTON, FL 34212
Remove			
4) Change			
Add			
Remove			
5. 0			
5) Change			
Add Remove			
Kemove			
6) Change			
Add			
Remove			

Ε.	If amending or adding additional Ar	ticles, enter change(s) here:
	(attach additional sheets, if necessary).	(Be specific)

BYRON RALPH ODMAN CHARLES (CHAIRMAN)			
LEBIEN PRESMY	( VICE-CHAIRMAN)		
DARRYL BROWN	(EXECUTIVE DIRECTOR)		
BERTHONY ELUCIEN	(DIRECTOR)		
RONALD SAINT FLEUR	(SECRETARY)		
CHARLEGNEMAGNE METAYER	(TREASURER)		
RAYMOND EDMOND	(MEMBER AT LARGE)		
WADESTANT JEAN- BAPTISTE	(MEMBER AT LARGE)	<del></del> -	
ROBERT WAGLER	(MEMBER AT LARGE)		
		,	
		<del></del>	
<del></del>			

	MARS 14, 2016	
The	e date of each amendment(s) adoption:	_, if other than the
date	e this document was signed.	
	03/14/2016	
Eff	ective date if applicable:	
	(no more than 90 days after amendment file date)	
	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be tument's effective date on the Department of State's records.	e listed as the
Ade	option of Amendment(s) ( <u>CHECK ONE</u> )	
	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.	
	03/14/2016 Dated	
	Signature Byron Ralph Odman Charles	_
	(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 appointed fiduciary by that fiduciary)	
	BYRON RALPH ODMAN CHARLES	
	(Typed or printed name of person signing)	
	CHAIRMAN	
	(Title of person signing)	