## N22 000001315

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

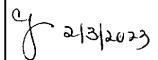




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## **COVER LETTER**

TO: Amendment Section
, Division of Corporations

	EVANGELICAL CF	TURCH OF RESTORATION	DN, INC.
NAME OF CORPORATIO	N:		
1	N22000001315		
DOCUMENT NUMBER: _			
The enclosed Articles of Ame	endment and fee are subr	nitted for filing.	
Please return all corresponder	nce concerning this matte	er to the following:	
EDDY NOELSAINT			
		(Name of Contact Person)	
EVANGELICAL CHURCH	OF RESTORATION, IN	IC.	
	717721	(Firm/ Company)	
3128 RIACHUELO LN			
· · · · · · · · · · · · · · · · · · ·		(Address)	
KISSIMMEE FL 34744			
		(City/ State and Zip Code)	
noelsaint72@gmail.com			
E-	mail address: (to be used	for future annual report ne	otification)
For further information conce	erning this matter, please	call:	
EDDY NOELSAINT		3057	7539523
		at	
(	Name of Contact Person	) (Are	a Code) (Daytime Telephone Number)
Enclosed is a check for the fo	llowing amount made pa	ayable to the Florida Depar	tment of State:
□ \$35 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

**Street Address** 

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

EVANGELICAL CHURCH OF RESTORATION, INC.

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Name of Corporation as currently filed with the Flo	orida Dept. of State)	110, -5 h
		SECT
(Document	Number of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this <i>Florida Not For Profit</i>	Corporation adopts the following
A. If amending name, enter the new name of the con HAITIAN EVANGELICAL CHURCH OF RESTORA		The new
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	orporation" or "incorporated" or the	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
If amending the registered agent and/or registered new registered agent and/or the new registered of the		ne name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida stree	et address)
		, Florida
<del></del>	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regit hereby accept the appointment as registered agent.		gations of the position.
	Signature of New Registered Age	ent, 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	<u>V</u> <u>M</u>	hn Doe ike Jones Ily Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add	<u>v</u>	THEODULE JEAN PIERRE	HPH 5 HEAWASSEE RD, APT 221, ORLANDO FT, 52815
X Remove  2) Change X Add	<u>v</u>	CETADIS CHARLES	379, Blue Bion De Kissinner FL 3474
Remove 3) Remove Add Remove			
4) Change Add		<del></del>	
Remove  5) Change Add			
Remove 6) Change Add			
E. If amending or adding (attach additional sheet)	n <mark>g additiona</mark> vis, if necesso	l Articles, enter change(s) here: ury). (Be specific)	

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m	EDDY NOELSAINT	
I ne date of each amendment(s) adoption:		, if other than the
date this document was signed.		
10/31/2022		
Effective date if applicable:		
(1	o more than 90 days after amendment file date)	
Note: If the date inserted in this block does	not meet the applicable statutory filing requirem	nents, this date will not be listed as the
document's effective date on the Departmen	t 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 membadopted by the boa	pers or members entitled to vote on the amendment(s). The amendment(s) was/were and of directors.
	10/31/2022
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 appointed fiduciary by that fiduciary)  EDDY NOELSAINT
	(Typed or printed name of person signing)  PRESIDENT

(Title of person signing)