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## **COVER LETTER**

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: ( ) Nie + 10	and Chiral	a of Christ, Inc.
DOCUMENT NUMBER: <u>てるいしい</u>		
The enclosed Articles of Amendment and fee are submi	tted for filing.	
Please return all correspondence concerning this matter	to the following:	
Delma Johnson		
(1	Name of Contact Person	)
Chiefland Church	at Christ	Ta
	(Firm/ Company)	
P.O. Box 2539		
1,0,10,000	(Address)	
	•	
Chiefland FL	33644 - 3 City/ State and Zip Code	P & 2 & 2
(0	Dity/ State and Zip Code	)
,		
E-mail address: (to be used f	<u>~</u>	
E-mail address: (to be used to	or future annual report r	ottrication)
For further information concerning this matter, please co	all:	
D-lina Jahnsan	at Z	52-507:1755
(Name of Contact Person)	(Arc	ea Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made pay.	able to the Florida Depa	rtment of State:
☐ \$35 Filing Fee	1\$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	Street 2	Address
Amendment Section		ment Section
Division of Corporations	Division of Corporations	
P.O. Box 6327	The Co	entre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

VI	r-ca 1 1
da Dept. of State)	
	2025 FEB 11 AM 11: 45
ımber of Corporation (if I	crown), OF STATE
atutes, this <i>Florida Not F</i>	or Profit Corporation adopts the following
oration:	
<u></u>	The nev
ooration" or "incorporate	ed" or the abbreviation "Corp," or "Inc."
<u>(335</u> )	
· · · · · · · · · · · · · · · · · · ·	
	a, enter the name of the
ee auuress.	
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()	Florida street address)
	CI 24-
(City)	, Florida (Zip Code)
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ered Agent:	at the abligations of the position
н затинаг жил ина ассер	и те откраить од те розиит.
Signature of New Regis	stered Agent, if changing
	da Dept. of State)  umber of Corporation (if hatutes, this Florida Not Florida

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 D V Mike Jo SV Sally S	<u>ones</u>	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change Add	CITR	Caje, Watson	2.0 Box 2539 Chirfland 4-31644
X Remove			
2) Change Add	<u>S, T</u>	L.R. Proyette	7.0. Box 2539 Chiecond FL 3244
Remove 3) Remove Add Remove	VC,TR	Delmo Johnson	P.O. Dox 2539 Chiefiand, FL 3244
4) Change Add	CITR	Delma Johnson	7.0. Box 2539 Chieflant : FL-32444
Remove			
5) Change Add	VC, TR -	Thomas P. Rittenhause	7.0. Box 2539 Chiefland, FL 32644
Remove			<del></del>
6) Change Add	5.7	Thomas Andiews	PO BOX2539 Phizflowd FLB2444
Remove			
	dding additional Art sheets, if necessary).	ticles, enter change(s) here: (Be specific)	
· <del></del> ,			

•		
The date of each amendment(s) adoptions date this document was signed.	·	if other than the
Effective date if applicable:		
()	no more than 90 days after amendment file date)	
<u>Note:</u> If the date inserted in this block does document's effective date on the Department	not meet the applicable statutory filing requirement of State's records.	ents, this date will not be listed as the
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.
Dated February 7, 2035
Signature Oclya (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)
Tohn Son (Typed or printed name of person signing)
(Title of person signing)

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