ND2000007233

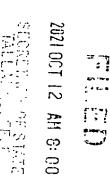
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800374339038

10/12/21--01040--024 **35.00



A. Butter 10/18/21

COVER LETTER

TO: Amendment Section Division of Corporations

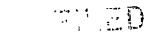
Calvary Chapel Gulf Coast, Inc. NAME OF CORPORATION:	
N02000007233 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Richard Castellano	
(Name of Contact Person)	
Calvary Chapel Gulf Coast, Inc.	
(Firm/ Company)	
20991 Three Oaks Pkwy	
(Address)	
Estero, FL 33928	
(City/ State and Zip Code)	
info@calvarygc.org	
E-mail address: (to be used for future annual report notification)	_
For further information concerning this matter, please call:	
Richard Castellano 239 293-3955	
(Name of Contact Person) (Area Code) (Daytime Telephone Number)	
Enclosed is a check for the following amount made payable to the Florida Department of State:	
S35 Filing Fee	

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



Calvary Chapel Gulf Coast, Inc.		2021 OCT 12 AH 8:00
(Name of Corporation	as currently filed with the	Florida Dept. of State)
N02000007233		TO A TOWN OF STATE
(Docum	ent Number of Corporation	if known)
Pursuant to the provisions of section 617.1006, Flor amendment(s) to its Articles of Incorporation:	ida Statutes, this <i>Florida No</i>	t For Profit Corporation adopts the following
A. If amending name, enter the new name of the	corporation:	
N/A		The new
name must be distinguishable and contain the word "Company" or "Co," may not be used in the name		
D. Catanana animainal office address: if anationle	N/A	
B. Enter new principal office address, if applical (Principal office address MUST BE A STREET A)		
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE F</u>	8 <i>0X</i>) N/A	
	-	
D. If amending the registered agent and/or regis	tered office address in Flor	ida, enter the name of the
new registered agent and/or the new registered	ed office address:	
Name of New Registered Agent	N/A	
	N/A	
		(Florida street address)
<u>New Registered Office Address:</u>		
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing R	egistered Agent:	
I hereby accept the appointment as registered agent		cept the obligations of the position.
	Signature of New Re	gistered 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:

 $P \rightarrow President; V \rightarrow Vice President; T \rightarrow Treasurer; S \rightarrow Secretary; D \rightarrow Director; TR \rightarrow Trustee; C \Rightarrow Chairman or Clerk, CEO = Chief Executive Officer; CFO \Rightarrow Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer. Director would be PTD.$

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>Mik</u>	<u>1 Doe</u> <u>e Jones</u> <u>y Smith</u>		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change	D	James Rose	3800 Springside Dr	_
Add			Estero, FL 33928	_
X Remove				
2) Change	D	Horatio Mihet	12821 Julip Ct	
X Add			Fort Myers, Fl. 33966	
Remove				_
3.) Change	D	Thomas Patterson	49662 Maddelena Cir	_
XAdd			Fort Myers, FL 33967	_
Remove				_
4) Change				_
Add				_
Remove				_
5) Change				_
Add				_
Remove				_
6) Change			<u> </u>	_
Add				_
Remove				

E. If amending or adding additi (attach additional sheets, if nec	essary). (Be specific)			
N/A				
				·
		•		
		•		
				-
				· · · · · · · · · · · · · · · · · · ·
			-	

10/1/21	
The date of each amendment(s) adoption:	, if other than the
late this document was signed.	
N/A	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this locument's effective date on the Department of State's records.	date will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
■ The amendment(s) was/were adopted by the members and the number of votes cast for the amendwas/were sufficient for approval.	iment(s)
There are no members or members entitled to vote on the amendment(s). The amendment(s) was adopted by the board of directors.	s/were
10/6/21 Dated	
1/1/1/	
Signature / ///	
(By the chairman or vice chairman of the board, president or other officer-if di	rectors
have not been selected, by an incorporator - if in the hands of a receiver, trus	tee, or
other court appointed fiduciary by that fiduciary)	
Richard Castellano	
(Typed or printed name of person signing)	
Corporate Secretary	
(Title of person signing)	