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	Community	1. Church		
700 S. FEDERAL HIGH	•	•		
		•		
(Ad	dress)			
(City/State/Zip/Phone #)				
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PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
	•			
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LIGHTHOUSE



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Amend.

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De

COVER LETTER

TO: Amendment Section Division of Corporations DOCUMENT NUMBER: NO3 00000 1879 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: KATHLEEN SUTTON 164-HOUSE COMMUNITY CHURCH S. FEDERAL HIGHWAY
(Address) WIA BEACH FL 33004 (City/ State and Zip Code) ighthousecc. org For further information concerning this matter, please call: Person) at (954) 923-8660 (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State:

Mailing Address

\$35 Filing Fee

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

□ \$43.75 Filing Fee &

Certificate of Status

Street Address

□ \$43.75 Filing Fee &

Certified Copy (Additional copy is

enclosed)

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

□ \$52.50 Filing Fee

Certificate of Status

Certified Copy

(Additional Copy is enclosed)

Articles of Amendment to **Articles of Incorporation**

OI OI	and the same
LIGHTHOUSE COMMUNITY CHURCH OF E	BROWARD INC. &
(Name of Corporation as currently filed with the Florida D	Dept. of State
No300000 1879	3
(Document Number of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida</i> the following amendment(s) to its Articles of Incorporation:	Not For Profit Corporation adopte
A. If amending name, enter the new name of the corporation:	
The new name must be distinguishable and contain the word "corporation abbreviation "Corp." or "Inc." "Company" or "Co," may not be used in the B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address in F new registered agent and/or the new registered office address:	lorida, enter the name of the
Name of New Registered Agent:	
New Registered Office Address: (Florida street address)	ress)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

(City)

(Zip Code)

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)

<u>Title</u>	Name	Address	Type of Action
<u>P</u>	GREG SCHAFFER	700 S. FEDERAL HWY DANIA BEACH FL 33004	☐ Add ☑ Remove
<u>P</u>	MARIO CINELLI	700 S. FEDERAL HWY DANIA BEACH FL 33004	Add ☐ Remove
T	JOHN DAIZOVI	7005 FEBERAL HWY DANIA BEACH FL 33004	☐ Add ☐ Remove
	g or adding additional Articles, enter clional sheets, if necessary). (Be specific		
(unach udan	(De specific		

•/	
The date of each amendment(s) a	adoption: DECEMBER 27, 2010 (date of adoption is required)
Effective date if applicable:	(unie of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adwas/were sufficient for approval	dopted by the members and the number of votes cast for the amendment(s) 1.
There are no members or mem adopted by the board of directo	bers entitled to vote on the amendment(s). The amendment(s) was/were ers.
Dated <i>DEC</i>	EMBER 27,2010
Signature	EMBER 27,2010 what a Sutton
(By the have no	chairman or vice chairman of the board, president or other officer-if directors to been selected, by an incorporator – if in the hands of a receiver, trustee, of our appointed fiduciary by that fiduciary)
	ROBERT SUTTON
	(Typed or printed name of person signing)
	SECRETARY (Title of person signing)
	(Title of person signing)

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