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OCT 1 3 2015 C McNAIR

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: Shady Gr	ove Baptist	- ch	arch of	Live Oak, In
DOCUMENT NUMBER: NO4000				15 0CT 12 PM 4: 50
The enclosed Articles of Amendment and fee are subr	nitted for filing.			
Please return all correspondence concerning this matter	er to the following:			
Billie Jean Nob	اد،			
	(Name of Contact Perso	on)		
	(Firm/ Company)			
6297 77 th Pl				
	(Address)			
Live Oak Fl ?	32060 (City/ State and Zip Co	1.)		
bj-Franklin 64@ yah E-mail address: (to be used			on)	
For further information concerning this matter, please	call:			
Billie Jean Rubles (Name of Contact Person	at	386-	688-1219 (Douting Tel	enhana Numbari
Enclosed is a check for the following amount made pa				ephone Number)
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certi Certi (Add	50 Filing Fee ficate of Status fied Copy litional Copy is osed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Amen Divisi	t Address adment Section of Corp in Building	orations	

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

•	
' '	to
Art	ticles of Incorporation
	of
Shad, Grave Bra	fist Church of Live Oak . Inc !
(Name of Corporation as cui	rrently filed with the Florida Dept. of State)
	7
N040000105	77
(Document N	lumber of Corporation (if known)
ursuant to the provisions of section 617.1006, Florida Stamendment(s) to its Articles of Incorporation:	tatutes, this Florida Not For Profit Corporation adopts the following
. If amending name, enter the new name of the corpo	oration.
. If amending name, enter the new name of the corpo	oration.
	The na
	poration" or "incorporated" or the abbreviation "Corp." or "Inc
Company" or "Co." may not be used in the name.	
Faton and administration of the state of the	
. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRE	CCC \
rincipul office address MUST BE A STREET ADDRE	<u>233</u>)
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	6297 77# PI
<u> 55.11 051 011 105 501</u>	1. Q. El
	Live Oak, Fl 32060
If amending the registered agent and/or registered	office address in Florida, enter the name of the
new registered agent and/or the new registered offi	
Name of New Registered Agent:	
	(Florida street address)
New Registered Office Address:	(2 forms of CCs dust cos)
	, Florida
	(City) (Zip Code)
ew Registered Agent's Signature, if changing Registe	
hereby accept the appointment as registered agent. I an	m familiar with and accept the obligations of the position.
	Signature of New Registered Agent, if changing
	and many and another and are also and the control of the control o

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		Doe 2 Jones 4 Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	工	Peggy Cressman	4885 199 to Lane Live Oak, F/ 32060
Add Remove			Live Oak, F1 32060
2) Change		Billie Jean Nobles	10297 77 the Pl Live Oak, Fl 32060
Remove 3) Change			
Add			
Remove			
4) Change Add	 		
Remove			
5) Change Add			
Remove			
6) Change			· · · · · · · · · · · · · · · · · · ·
Add Remove			

<u>if amending o</u> attach addition	r adding addition nal sheets, if neces	al Articles, ent sary). (Be spe	t er change(s) h ecific)	<u>ere</u> :			
	···· -··· , y	· · · · //· · · · · · · · · · · · · · ·					
							
		 					
	 						
	 						
							
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·	<u></u>			"			
							

	date of each amendment(s) adoption: this document was signed. if other than the document was signed.	.he
Effe	ctive date if applicable: July 24, 2015	
	(no more than 90 days after amendment file date)	
	2: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the iment's effective date on the Department of State's records.	
Ado	ption 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 10, 4, 15	
	Signature // 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)	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	