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COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations Beachside Calvary Incorporated NAME OF CORPORATION: DOCUMENT NUMBER: NO9 0000 8706 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: (Name of Contact Person) JAY Stapleton
(Firm/Company)
Beachside Calvary (Address) (City/ State and Zip Code) Daytona Beach E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JAY Stapledon (Name of Contact Person) at (703) 474-0433 (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: \$43.75 Filing Fee & □ \$52.50 Filing Fee ■\$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) **Mailing Address Street Address** Amendment Section **Amendment Section Division of Corporations** Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment **Articles of Incorporation** of



(Name of Corporation as currently filed with the Florida Dep LNCor (Document Number of Corporation (if known) N090000008706 Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>) 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 Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: New Registered Office Address: (Florida street address) , Florida (Zip Code) (City) New Registered Agent's Signature, if changing Registered Agent: I am familiar with and accept the obligations of the I hereby accept the appointment as registered agent. position.

Signature of New Registered 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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			☐ Add ☐ Remove
			☐ Add ☐ Remove
-			☐ Add ☐ Remove
•	g or adding additional Articles tional sheets, if necessary). (B		

The date of each amendment(s) adoption: 4/2/2010				
Effective date <u>if applicable</u> : (no more than 90 days after amendment file date)				
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/were add was/were sufficient for approval.	opted by the members and the number of votes cast for the amendment(s)			
There are no members or membadopted by the board of director	pers entitled to vote on the amendment(s). The amendment(s) was/were s.			
Dated_ 4/1/2	2010 Now Stabloton			
(By the chave not	hairman or vice/chairman of the board, president or other officer-if directors been selected, by an incorporator – if in the hands of a receiver, trustee, or art appointed fiduciary by that fiduciary)			
	IAY Stapleton			
	(Typed or printed name of person signing)			
	President			
	(Title of person signing)			

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