

N16000001349

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2016 SEP - 8 PM 12:47

Sept. 15, 2016
C LEWIS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 26, 2016

HECTOR OSTOLAZA / SUNRISE CHRISTIAN CENTER INC
1951 S JOHN YOUNG PKWY
KISSIMMEE, FL 34741 US

SUBJECT: SUNRISE CHRISTIAN CENTER INC
Ref. Number: N16000001349

We have received your document for SUNRISE CHRISTIAN CENTER INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 016A00018257

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Sunrise Christian Center Inc.

DOCUMENT NUMBER: N 1600000 1349

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Hector Ostolaza
(Name of Contact Person)

Sunrise Christian Center Inc
(Firm/ Company)

1951 S John Young Pkwy
(Address)

Kissimmee FL 34741
(City/ State and Zip Code)

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Hector Ostolaza at 321-261-9390
(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:

- | | | | |
|---|--|---|--|
| ☒ \$35 Filing Fee | ☐ \$43.75 Filing Fee &
Certificate of Status | ☐ \$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

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2016 SEP -8 PM 12:47

Sunrise Christian Center Inc

(Name of Corporation as currently filed with the Florida Dept. of State)

N 16000001349

(Document Number of Corporation (if known))

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 MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1951 S John Yang Pkwy
Kissimmee FL 34741

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)

(City)

, Florida

(Zip Code)

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

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:

☒ Change	<u>PT</u>	<u>John Doe</u>
☒ Remove	<u>V</u>	<u>Mike Jones</u>
☒ Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action
(Check One)

Title

Name

Address

- | | | | |
|--|----------|-----------------------------|---|
| 1) ☐ Change
☐ Add
☒ Remove | <u>D</u> | <u>Daniel Zambrana</u> | <u>4975 Town Terrace S</u>
<u>Kissimmee FL 34758</u> |
| 2) ☐ Change
☐ Add
☒ Remove | <u>D</u> | <u>Evangelisa Rodriguez</u> | <u>2866 Moonstone Bend</u>
<u>Kissimmee FL 34758</u> |
| 3) ☐ Change
☐ Add
☐ Remove | _____ | _____ | _____

_____ |
| 4) ☐ Change
☐ Add
☐ Remove | _____ | _____ | _____

_____ |
| 5) ☐ Change
☐ Add
☐ Remove | _____ | _____ | _____

_____ |
| 6) ☐ Change
☐ Add
☐ Remove | _____ | _____ | _____

_____ |

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

Add: FEI / EIN Number: 81-1425779

The date of each amendment(s) adoption: _____
date this document was signed.

9/8/16

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Effective date if applicable: _____

(no more than 90 days after amendment file date)

2016 SEP -8 PM 12:47

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)

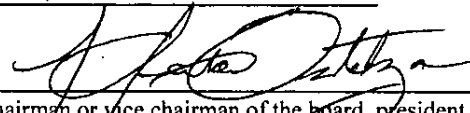
(CHECK ONE)

- ☒ 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

9/8/16

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)

Hector Ostolaza

(Typed or printed name of person signing)

President

(Title of person signing)