N97000001739

(Requestor's Name)	<u> </u>			
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SECRUTARY OF STATE OF STATE OF CORBORATIONS

FEB 23 2017 C MCNAIR

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: 1711 Fa	iths (Murch	, INC.	
DOCUMENT NUMBER:	01739			
The enclosed Articles of Amendment and fee are submi	itted for filing.			
Please return all correspondence concerning this matter	to the following:	:		17 11 (1)
Relocco Hos	SUNS Name of Contact	Person)		17 FEB 21
All Faiths C	MISTIGA (Firm/Comp	A Chur	4	N 9:56
1140 Ree Blvd	S to (Address)	105		
Rehigh Acres	L) City/ State and Z	33936 ip Code)		
		report notification		
For further information concerning this matter, please ca	all:			
Rebecca Hoskins		at <u>239</u>	464-1796	
(Name of Contact Person) Enclosed is a check for the following amount made paya	able to the Floric	(Area Code) la Department of S	(Daytime Telephone Nate:	umber)
\$35 Filing Fee & Certificate of Status	3\$43.75 Filing F Certified Copy (Additional copenclosed)	Certific by is Certific	Filing Fee cate of Status ed Copy ional Copy is sed)	
Molling Address		Street Address		

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

All Fri Has Cho	10% TAIC
(Name of Corporation as cu	urrently filed with the Florida Dept. of State)
·M07000081730	至
(Document N	Number of Corporation (if known)
·	variable (if Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida S amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corp	ooration:
All Faiths Christian	Chirch, FAC: The new
name must be distinguishable and contain the word "cor	rporation" 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:	1140 lee Bld Ste 105
(Principal office address MUST BE A STREET ADDR.	ESS) 12 27 A = 600 T 330 34
	Lenigh Ades, PI Joyou
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1140 lee Alva Ste 105
	(solo = 1 Accos 11 3393/
•	Certigh Theres, The Sorra
D. If amending the registered agent and/or registered	d office address in Florida, enter the name of the
new registered agent and/or the new registered of	fice address:
Now of New Popietowal Agosts	
Name of New Registered Agent:	,
 .	(Florida street address)
New Registered Office Address:	(Piorida Sireet dadress)
-	121
	, Florida (City) (Zip Code)
New Registered Agent's Signature, if changing Regist	tered Agent: am familiar with and accept the obligations of the position.
1 nereny accept the appointment as registered agent. To	in gamma 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: X_Change X_Remove X_Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doc Mike Jones Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Na</u>	ame .	Address	
1)Change		_			
Add					
Remove					
Change			•		
2) Change					
Add					
Remove					
3) Change					
Add					
Remove					
Of the second					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
6) Change				·-	
Add					
Remove					

(attach additio	or adding additional Ar onal sheets, if necessary).	(Be specific)	
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	date of each amendment(s) adoption:	_, if other than the
date	this document was signed.	
Effe	(no more than 90 days after amendment file date)	
	e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not burnent's effective date on the Department of State's records.	e listed as the
Ado	option 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 2 17 17	
	Signature Holino	_
	(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)	
	Rebecca HOSKINS (Typed or printed name of person signing)	
	Secretary (Title of person signing)	