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COVER LETTER

TO: Amendment Section
Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: 5 ARA	SOTA C	ENTER	OF	LIGHT, INC
DOCUMENT NUMBER: N 98	0000	00177	· · · · · · ·	
The enclosed Articles of Amendment and fee are submitt	ted for filing.			
Please return all correspondence concerning this matter to	o the following:			
ROBERT A.	SADLE	R		
(N	ame of Contact P	erson)		
SAKASOTA C	ENTER (Firm/ Compan	OF LI	GHT	INC.
2710 BRO	UNING	ST.		
	(Address)			
S'ARASOTA.	FL	3423	57	
(Ci	ity/ State and Zip	Code)		
Church office Sara Sota Co E-mail address: (to be used for	enter of	light.	(<u>om</u> _	
For further information concerning this matter, please call			,	
TIWA SMITH (Name of Contact Person)	at	941	95	3-6620
(Name of Contact Person)		(Area Code)	(Daytime	Telephone Number)
Enclosed is a check for the following amount made payab	le to the Florida I	Department of S	tate:	
(643.75 Filing Fee Certified Copy Additional copy i enclosed)	Certifi s Certifi	Filing Fee cate of Star ed Copy onal Copy sed)	aus
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	An Di	reet Address nendment Section vision of Corporation Building		

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

SARASCTA (Name of Corporation as cu	CENTER OF	= LIGHT, INC.
		lorida Dept. of State)
N 980000	OOI77	
(Document N	umber of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Stamendment(s) to its Articles of Incorporation:	atutes, this Florida Not	For Profit Corporation adopts the following
A. If amending name, enter the new name of the corp	oration:	
name must be distinguishable and contain the word " cor "Company" or "Co." may not be used in the name.	poration" or "incorpora	The new ated or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRI	Zee) ———————————————————————————————————	
MONTH OF THE TABLET ADDRESS OF THE TABLET AD	<u></u>	021
		rip Sign
C. Enter new mailing address, if applicable:		20
(Mailing address MAY BE A POST OFFICE BOX)	·	
	 	?:
		9
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi	office address in Florice address:	la, enter the name of the
Name of New Registered Agent:		
		(Florida street address)
New Registered Office Address:		
		, Florida
	(City)	(Zip Code)
lew Registered Agent's Signature, if changing Registe hereby accept the appointment as registered agent. I an	red Agent: n familiar with and acce	pt the obligations of the position.
	Signature of New Reg	istered 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	PT John Doe Y Mike Jones SV Sally Smith					
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s			
1) Change Add Remove	TD	JEFFREY LAMBERT	2710 BROWNING ST. SARASOTA. FL 34237			
2) Change Add Remove	ID	CINDY GOURLEY	2710 BROWNING ST. SARASOTA FL 34237			
3) Change Add	SD	SHERRY BRUNE	2710 BROWNING ST. SARVISOTA FL 34237			
4) Change Add Remove	DTR	CINDY GOURCEY	2170 BROWNINGST SARASOTA FL 34237			
5) Change Add Remove						
6) Change Add Remove						

f amending or adding additional Arti attach additional sheets, if necessary).	(Be specific)		-				
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The	e date of each amendment(s) adoption:	, if other than the
date	this document was signed.	, ir other than the
Effe	ective date if applicable: 09/16/202/	
	(no more than 90 days after amendment file date)	
Not doc	e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ument's effective date on the Department of State's records.	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.	
Þ	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
	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) 208ERT A. SADLER (Typed or printed name of person signing)	
	PRESIDENT: (Title of person signing)	
	()	