## N01000005682

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200301067002

07/07/17--01013--019 \*\*95.00

Come Cironiz

JUL 1 3 2017

D CUSHING

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION	Arlington Family C			
	N01000005682			
DOCUMENT NUMBER:				
The enclosed Articles of An	nendment and fee are sub	mitted for filing.		
Please return all corresponde	ence concerning this matt	er to the following:		
Michael S Ahearn				
<del></del>		(Name of Contact P	erson)	
Arlington Family Church, l	nc.			
-		(Firm/ Compan	y)	
1015 Atlantic Blvd # 501				
		(Address)	· -	
Atlantic Beach, FL 32233				<b>ه</b> ري
		(City/ State and Zip	Code)	
missionaim@gmail.com				·
E	-mail address: (to be used	I for future annual re	port notification	1)
For further information conc	erning this matter, please	call:		
Michael S Ahearn		at	904	881-8958
	(Name of Contact Persor			(Daytime Telephone Number)
Enclosed is a check for the f	ollowing amount made pa	ayable to the Florida	Department of	State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy i enclosed)	Certif is Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing A	ddress	<u>St</u>	reet Address	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment Articles of Incorporation of

Arlington Family Church, Inc. (Name of Corporation as currently filed with the Florida Dept. of State)

N01000005682			
(Document Numb	per of Corporation (if known)		
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation add	opts the following	
A. If amending name, enter the new name of the corporat	ion:		
Mission A.I.M. Church, Inc.		The new	
name must be distinguishable and contain the word "corpora "Company" or "Co," may not be used in the name.	tion" or "incorporated" or the abbreviation "C	Torp," or "Inc."	
B. Enter new principal office address, if applicable:	1601 University Blvd. N.		
(Principal office address MUST BE A STREET ADDRESS	Jacksonville, FL 32211		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1015 Atlantic Blvd. # 501		
(Maning dualities)	Atlantic Beach, FL 32233		
		· · · · · · · · · · · · · · · · · · ·	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a		*)# *** ***	
	············	ç. و٠	
Name of New Registered Agent:			
New Registered Office Address:	(Florida street address)		
	, Florida _		
	(City) (Zip Co	ode)	
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fai	Agent: miliar with and accept the obligations of the po	sition.	
	ignature 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	PT John I V Mike SV Sally	<u>Jones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Remove			
2) Change Add			
Remove 3) Change			
Add			
Remove 4) Change			
Add Remove			
5) Change Add			
Remove			
6) Change			
Remove			

f amending or adding additional Art attach additional sheets, if necessary).	(Be specific)			
<u></u> _				
	·	**		
	<del></del>		<del></del>	
		<del></del>		
	<del></del>		 	
			 	· · · · · · · · · · · · · · · · · · ·
	· · · · · · · · · · · · · · · · · · ·			
***************************************				
· · · · · · · · · · · · · · · · · · ·			<del></del> -	

	July 5, 2017	
The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
Jul	v 5, 2017	
Effective date <u>if applicable:</u>		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blocument's effective date on the Do	ock does not meet the applicable statutory filing requirements, this date will no epartment of State's records.	ot be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were a was/were sufficient for approv	adopted by the members and the number of votes cast for the amendment(s) raf.	
There are no members or mem adopted by the board of direct	thers entitled to vote on the amendment(s). The amendment(s) was/were tors.	
Dated July 5, 20	7	
V	VV	
Signature		
	irman or vice chairman of the board, president or other officer-if directors	
	een selected, by an incorporator – if in the hands of a receiver, trustee, or	
other court	appointed fiduciary by that fiduciary)	
Michae	I S Ahearn	
	(Typed or printed name of person signing)	
Preside	nt	
	(Title of person signing)	