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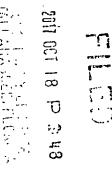
| (Requestor's Name) | | | | |
|---|--|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to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

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

| NAME OF CORPORATION: ST MARY MAGDALGNE GOISCAPE CHURCH, |
|---|
| DOCUMENT NUMBER: 401320 |
| The enclosed Articles of Amendment and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| MABEL AUR (Name of Contact Person) |
| So MANY MAGDALENE EDISCOPAL CHURCH (Firm/ Company) |
| 1400 RIVERSIDE DRIVE (Address) |
| (Address) CORAL SPRINGS FL 33065 (City/ State and Zip Code) |
| (City/ State and Zip Code) |
| magaxebellsouth net E-mail address; (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| MAREL AUR at 954 551 9140 (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 \$\Bigcup \\$43.75 Filing Fee & \Bigcup \\$43.75 Filing Fee & \Bigcup \\$52.50 Filing Fee \text{Certificate of Status} \text{Certified Copy} \text{Certified Copy is enclosed} \text{Certified Copy is Enclosed} \text{Certified Copy is Enclosed} |
| Mailing Address Amendment Section Amendment Section |
| Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building |

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

| ST MARY MAGDALO (Name of Corporation | ENE ENS WE AC as currently filed with the Florida Dep | CAURCH INC |
|---|---|----------------------------------|
| 7013 | | |
| | ent Number of Corporation (if known) | |
| Pursuant to the provisions of section 617.1006, Flori amendment(s) to its Articles of Incorporation: | da Statutes, this Florida Not For Profit | Corporation adopts the following |
| A. If amending name, enter the new name of the | corporation: | |
| | | The new |
| name must be distinguishable and contain the word "Company" or "Co." may not be used in the name | | ahbreviation "Corp." or "Inc." |
| B. Enter new principal office address, if applical (Principal office address MUST BE A STREET AL | | |
| | | |
| C. Enter new mailing address, if applicable: | av. | |
| (Mailing address <u>MAY BE A POST OFFICE B</u> | <u></u> | |
| | · · · · · · · · · · · · · · · · · · · | |
| | | |
| If amending the registered agent and/or registered agent and/or the new registered | | e name of the |
| Name of New Registered Agent: | <u> </u> | ณ <u>ร</u> |
| New Registered Office Address: | (Florida street address) | |
| NEW NEXISIETED OFFICE MULTESS. | | Pludd. |
| | (City) | , Florida (Zip Code) |
| New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent | egistered Agent: . I am familiar with and accept the oblig | eftions of the position. |
| _ | Mark 11 A | \$ 23 |
| | Signature of New Registered Age | ent, if changing ≥ 1 |
| | Page 1 of 4 | |
| | | |
| 4.18 54 5 | • | |

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> | Address |
| 1) Change L Add Remove | P | FR MARK SIMS | Caral Spenses FL 33071 |
| 2) Change | <u></u> | MARCL AYR | CORAC SPRING |
| Remove 3) Change Add Remove | PLANNED GO OFFICER | STEVE READ | FL 33071 1400 RIVERSIDE DRIVE CORAL SPRING FL 33071 |
| 4) Change Add Remove | | | |
| 5) Change Add Remove | | | |
| 6) Change Add Remove | | | |

| The date of each amendment(s) add | pption: | , if other than the |
|---|---|---------------------------|
| late this document was signed. | | |
| Effective date <u>if applicable</u> : | | |
| | (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this bloc document's effective date on the Dep | k does not meet the applicable statutory filing requirements, this date artment of State's records. | will not be listed as the |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | |
| ☐ The amendment(s) was/were add was/were sufficient for approval | opted by the members and the number of votes cast for the amendment. | itts) |
| There are no members or members adopted by the board of director | ers entitled to vote on the amendment(s). The amendment(s) was/wers. | e |
| Dated Octo | bu 2, 2017 | |
| Signature | ell 4 A | <u>.</u> |
| have not been | nan or vice chairman of the board, president or other officer-if directon selected, by an incorporator – if in the hands of a receiver, trustee, oppointed fiduciary by that fiduciary) | |
| | MARK H. SIMS | _ |
| | (Typed or printed name of person signing) | |
| | HAIR PROSIDENT, PECTOR | _ |
| | (Title of person signing) | |

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