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N.C.
C.COULLIETTE
Aug 19 2011
EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION	: HIGHLA	NP (DAKS A	BAPTIS	T CHURCH
DOCUMENT NUMBER:	•				
DOCUMENT NUMBER:	700641				
The enclosed Articles of Amen	dment and fee are sub	nitted fo	r filing.		
Please return all correspondence	e concerning this matte	er to the	following:		
RAI	PH WOOD (Name of				
	(Name of	Contact I	Person)		
					
	(Firm/	Compar	ıy)		
4038	N FALKEN	BUR	s RD		
	(A	ddress)			
TAMP	A FL 33 (City/ State	8610 e and Zip	Code)		
E-mail address: (to be used for future annual report notification)					
For further information concern	ning this matter, please	call:			
RALPH WOOD (Name of Conta		at (_	813)	625-9	35/
(Name of Contact	ct Person)		(Area Code	& Daytime	Telephone Number)
Enclosed is a check for the foll	owing amount made pa	ayable to	the Florida D	epartment of	State:
\$35 Filing Fee \$43 Certifi	.75 Filing Fee & cate of Status	Certi (Add	3.75 Filing For fied Copy itional copy is osed)		☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Addre			Street Add		,
Amendment Section			Amendmen		
Division of Corporations			Division of Corporations		
P.O. Box 6327			Clifton Building 2661 Executive Center Circle		
Tallahassee, FL 32314			∠oo i Execu	mve Center Ci	ruie

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

HIGHLAND OAKS (Name of Corporation as curr				
	H mber of Corporat	ion (if known)		
Pursuant to the provisions of section 617.1006 the following amendment(s) to its Articles of I		, this <i>Florida Not For</i>	· Profit Corporation a	dopts
A. If amending name, enter the new name of	of the corporatio	<u>n:</u>		
SIX MILE CREEK L The new name must be distinguishable and a abbreviation "Corp." or "Inc." "Company"	APTIST (contain the word or "Co." may no	HURCH, INC "corporation" or "i the used in the name	• ncorporated" or the	
B. Enter new principal office address, if applicable:		4038 N	FALKENBURG	Rb
(Principal office address <u>MUST BE A STRE</u>		TAMPA, FL	FALKENBURG - 33610	
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)		SAME AS	ABOVE	
	٠.			
D. If amending the registered agent and/or new registered agent and/or the new reg			enter the name of the	Ì
Name of New Registered Agent:				
New Registered Office Address:	(Flor	ida street address)		
	<u> </u>	(City)	, Florida (Zip Code)	Supple States States St.
New Registered Agent's Signature, if chang I hereby accept the appointment as registere position.		<mark>sgent:</mark> familiar with and ac	Č	SECRETAR ISBON OF C
	Signature of New	Registered Agent, if c	changing &	08700k
	Page 1 of 3		87	AT

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) <u>Title</u> **Type of Action** <u>Name</u> Address ☐ Add ☐ Remove _____ Remove ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

The date of each amendment(s) adoption: $8-12-11$
Effective date <u>if applicable</u> :	(date of adoption is required)
Effective date <u>ir applicable</u> .	ino more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/wer was/were sufficient for appr	e adopted by the members and the number of votes cast for the amendment(s) ovai.
There are no members or madopted by the board of dire	nembers entitled to vote on the amendment(s). The amendment(s) was/were ectors.
Dated	8-12-11
have	the chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	MESIDENT (Title of person signing)

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