## 703474

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
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Amend

JUN 25 2019 I ALBRITTON

## **COVER LETTER**

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TO: Amendment Section
Division of Corporations

NAME OF CORPORATION	Indian River Presbyte	•		
	703474			
The enclosed Articles of Am				
Please return all corresponde	ence concerning this matter	to the following:		
Karlynn Craig				
	(	(Name of Contact Per	son)	
Indian River Presbyterian C	hurch, INC.			
		(Firm/ Company)		
2499 Virginia Avenue				
		(Address)		
Fort Pierce, FL 34982				
	(	City/ State and Zip C	ode)	
lynn@irpcfamily.org				
E	-mail address: (to be used	for future annual repo	rt notification	1)
For further information conc	erning this matter, please o	rall:		
Karlynn Craig		at	772-464-4263	
	(Name of Contact Person)	(	Area Code)	(Daytime Telephone Number)
Enclosed is a check for the f	ollowing amount made pay	able to the Florida De	epartment of	State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & [ Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif Certif	0 Filing Fee icate of Status ied Copy is iconal Copy is osed)
Mailing A	ddress	<u>Stre</u>	et 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 to Articles of Incorporation of

Indian River Preshyterian Church INIC.

indian rever tresoyerian Church, 1900		
	ently filed with the Florida Dept. of State)	
703474		
(Document Nur	mber of Corporation (if known)	<u>-</u>
Pursuant to the provisions of section 617.1006. Florida Stat amendment(s) to its Articles of Incorporation:	utes, this Florida Not For Profit Corporation a	dopts the following
A. If amending name, enter the new name of the corpor	ration:	
	N/A	77
name must be distinguishable and contain the word "corpo "Company" or "Co." may not be used in the name.	ration" or "incorporated" or the abbreviation	"Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES	<u>(S</u> )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA	201
		ـــ ن
D. If amending the registered agent and/or registered of		13 PH 5: 47
new registered agent and/or the new registered office	e address:	<u>ن</u> ن:
Name of New Registered Agent: N	<u>A</u>	
<u>New Registered Office Address:</u>	(Florida street address)	
New Negistered Office Address.		
	, Florida	1
	(City) (Zip	Code)
New Registered Agent's Signature, if changing Registere		
I hereby accept the appointment as registered agent. I am	familiar with and accept the obligations of the	position.
	Signature of Many Dunisters J. Committee of J.	
	Signature of New Registered Agent, if changin	g

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>V</u> <u>Mil</u>	n Doe ke Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
i) Change	P	Bryan Wenger	2604 Palm Lakes Avenue
Add Remove			Fort Pierce, FL 34981
2) Change	Р	Barry Keim	5103 Paleo Pine Circle
X Add Remove			Fort Pierce, FL 34951
3)Change	<u>v</u>	Fred DiFruscio	3200 Twin Lakes Terrace #205
Add X Remove			Fort Pierce, FL 34951
4) Change	<u>v</u>	David Sowerby	1626 Thumb Point Drive
X AddRemove			Fort Pierce, FL 34949
5) Change Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Art attach additional sheets, if necessary).	(Be specific)				
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The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		_ <del></del>
5/2:	8/2019	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	· · · · · · · · · · · · · · · · · · ·
	(100 march march state)	
Note: If the date inserted in this blocument's effective date on the D	ock does not meet the applicable statutory filing requirements, this date vepartment of State's records.	vill not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were a was/were sufficient for approx	adopted by the members and the number of votes cast for the amendment ( $a$ ).	(s)
adopted by the board of direct		
Dated	10,2019 my/c-	
Signature	my/a-	
have not be	rman or vice chairman of the board, president or other officer-if directors en selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	3
	BARRY Keim	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	