105839

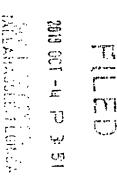
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COVER LETTER

TO: Amendment Section Division of Corporations

RENAISSANCE CHU NAME OF CORPORATION:	JRCH INCORPORA	ATED	
705839			
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are submi	itted for filing.		
Please return all correspondence concerning this matter	to the following:		
MICHELLE MAYS			
(Name of Contact Pe	rson)	
MICHELLE MAYS CPA LLC			
	(Firm/ Company)	
PO BOX 158			
	(Address)		
LLOYD, FL 32337			
(0	City/ State and Zip (Code)	
MMAYS@MAYSCPA.COM			
E-mail address: (to be used f	or future annual rep	ort notification)
For further information concerning this matter, please ca	all:		
MICHELLE MAYS	at	850	997-6297
(Name of Contact Person)	u.	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made pay-	able to the Florida D	Department of S	State:
□ \$35 Filing Fee □\$43.75 Filing Fee & □ Certificate of Status	3\$43.75 Filing Fee Certified Copy (Additional copy is enclosed)	Certifi Certifi	Filing Fee cate of Status ed Copy is sed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

RENAISSANCE CHURCH INCORPORATED		-3-
(Name of Corporation a	s currently filed with the Florida De	pr. of Stifte 1 - 14 P 3: 51
705839		STATE STATES
(Docume	nt Number of Corporation (if known)	MALEAHASSEE, FLORIDA
Pursuant to the provisions of section 617.1006, Florid amendment(s) to its Articles of Incorporation:	la Statutes, this Florida Not For Profit	Corporation adopts the following
A. If amending name, enter the new name of the c	orporation:	
FRESH LIFE CHURCH TALLAHASSEE INC		The new
name must be distinguishable and contain the word " "Company" or "Co." may not be used in the name.	'corporation" or "incorporated" or th	
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>2X</u>)	
D. If amending the registered agent and/or registered new registered agent and/or the new registered		he name of the
Name of New Registered Agent:		
<u>New Registered Office Address</u> :	(Florida stri	eei address)
		Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Relative I hereby accept the appointment as registered agent.		igations of the position.
	Signature of New Registered As	vent 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	<u>V</u> <u>Mi</u>	<u>nn Doe</u> <u>ke Jones</u> lly <u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	ANTHONY W LEGEAR	1607 OSPREY POINT DR
Add			TALLAHASSEE, FL 32308
X Remove			
2) Change	Đ	JONATHAN B THOMAS	4852 MAHAN DRIVE
X Add			TALLAHASSEE, FL 32308
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		•••••	
Add			
Remove			

attach additional she	ing additional Arti eets, if necessary).	(Be specific)				
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	09/29/2019	
The date of each amendment(s) ado late this document was signed.	ption:	, if other than the
09/29/ Effective date <u>if applicable</u> :	/2019	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Department.	k does not meet the applicable statutory filing requirements, this date will no artment of State's records.	t be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ado was/were sufficient for approval.	opted by the members and the number of votes cast for the amendment(s)	
There are no members or member adopted by the board of directors	ers entitled to vote on the amendment(s). The amendment(s) was/were s.	
Dated 9/20	i / 19 1 1 1 1	
Signature		
have not been	nan or vice chairman of the board, president or other officer-if directors is selected, by an incorporator — if in the hands of a receiver, trustee, or oppointed fiduciary by that fiduciary)	
JONATHA	AN B THOMAS	
	(Typed or printed name of person signing)	
DIRECTO	PR	
	(Title of person signing)	