706017

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Bu:	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	

Office Use Only



200433023532

07/19/24--01022--008 **43.75

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATI		MORIAL FREE METH	ODIST CHU	RCH, INC.	
MATUSTENT STRIBES.	706017				
DOCUMENT NUMBER:	· · · · · · · · · · · · · · · · · · ·				_
The enclosed Articles of Ar	nendment and fee are sub	mitted for filing.			
Please return all correspond	lence concerning this mat	er to the following:			
Ana Crespo					
		(Name of Contact Per	son)	·	
	- · · · · · · · · · · · · · · · · · · ·	(Firm/ Company)			_
12418 Hilltop Farms Drive					
		(Address)			_
Dade City, FL 33525					
		(City/ State and Zip Co	ode)		_
define.treasurer@gmail.com	n				
I	E-mail address: (to be use	d for future annual repo	rt notification	n)	_
For further information con	cerning this matter, please	eall:			
ANA CRESPO			781	632-9002	
<u>.</u>	(Name of Contact Persor	n) (Area Code)	(Daytime Telephone Number)	_
Enclosed is a check for the	following amount made p	ayable to the Florida De	epariment of	State:	
□ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)	
Mailing	Address	Stra	at Addrauc		

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the F	lorida Dept. of State)	
HOCKADAY MEMORIAL FREE METHODIST C	HURCH, INC.	
(Document	it Number of Corporation (if kn	own)
Pursuant to the provisions of section 617.1006. Florid amendment(s) to its Articles of Incorporation:	a Statutes, this Florida Not For	Profit Corporation adopts the following
A. If amending name, enter the new name of the enter the new name of t		The new
name must be distinguishable and contain the word "c" (Company" or "Co." may not be used in the name.	corporation" or "incorporated	
B. Enter new principal office address, if applicable		
(Principal office address <u>MUST BE A STREET ADI</u>	<u>ORESS</u>) 	
		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u>N/A</u>	
D. If amending the registered agent and/or registenew registered agent and/or the new registered		enter the name of the
- ·	//A	
New Registered Office Address:	(Flo	rida street address)
	/A	, Florida
_	(City)	(Zip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.		he obligations of the position.
	Signature of New Registe	red 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= Sccretary; 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 Doc 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 Doc, 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 D V Mike J SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	Name	<u>Address</u>
1) N/A Change Add	<u>N/A</u>	N/A	N/A
Remove			
2) N/A Change Add	N/A	N/A	<u>N/A</u>
Remove 3) N/A Change Add Remove	N/A	<u>N</u> /A	N/A
4) <u>N/A</u> Change Add	N/A	<u>N/A</u>	N/A
Remove			
5) N/A Change Add	<u>N/A</u>	N/A	N/A
Remove			
6) N/A Change Add	N/A	N/A	N/A
Remove			
E. If amending or addit (attach additional shee		icles, enter change(s) here: (Be specific)	
N/A			
··	<u> </u>		

		· · · · · · · · · · · · · · · · · · ·
		·
		
		<u> </u>
		_
	- · · · · · · · · · · · · · · · · · · ·	
**		
		<u> </u>
		
	N/A	
The date of each amendment date this document was signed		, if other than the
Effective date if applicable:	JULY 15, 2024	
Effective date is applicable.	(no more than 90) days after amendment file date)	
Note: If the date inserted in the document's effective date on t	is block does not meet the applicable statutory filing requirements, this ne Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/w was/were sufficient for ap	ere adopted by the members and the number of votes cast for the amenoproval.	dment(s)

there are no members or members entitled to vote on the amendment(s). The amendment(s) was/were dopted by the board of directors.	
Dated July 15, 2024	
Signature Tupo	
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator — if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
ANA CRESPO	
(Typed or printed name of person signing)	
TREASURER	
(Title of person signing)	

COVER LETTER

TO: Amendment Section
Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	Y MEMORIAL PREE METH	ODIST CHU	RCH, INC.
706017 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee			
Please return all correspondence concerning th	nis matter to the following:		
Ana Crespo			
	(Name of Contact Per	rson)	
<u> </u>	(Firm/ Company)		
12418 Hilltop Farins Drive			
	(Address)		
Dade City, FL 33525			
	(City/ State and Zip C	ode)	
dcfinc.treasurer@gmail.com			
E-mail address: (10	be used for future annual repo	ort notificatio	n)
For further information concerning this matter	, please call:		
ANA CRESPO	at	781	632-9002
(Name of Contact			(Daytime Telephone Number)
Enclosed is a check for the following amount i	nade payable to the Florida D	epartment of	State:
☐ \$35 Filing Fee ■\$43.75 Filing Fee Certificate of \$		Certif Certif	0 Filing Fee ficate of Status fied Copy tional Copy is osed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Ame Divi	et Address endment Sect sion of Corpo Centre of T	orations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the	: Florida I	Dept. of State)		
HOCKADAY MEMORIAL FREE METHODIST	CHURCH	I, INC.		
(Docuit	nent Numb	er of Corporat	ion (if known)	
Pursuant to the provisions of section 617.1006, Floannendment(s) to its Articles of Incorporation:	rida Statute	es, this <i>Florida</i>	i Not For Profit Co	orporation adopts the following
A. If amending name, enter the new name of the CHRIST FIRM FOUNDATION FREE METHOD				The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name	l "corpora v.	tion" or "inco	rporated" or the a	bhreviation "Corp." or "Inc."
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A	<u>ble:</u> DDRESS	N/A		
		,		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX</u>)	N/A		
D. If amending the registered agent and/or registered agent and/or the new register	stered office	ce address in	Florida, enter the	name of the
Name of New Registered Agent:	N/A	duress.		
by the regime on rigem.				
New Registered Office Address:			(Florida street a	ddress)
	N/A			, Florida
		(City)	•	(Zip Code)
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent	Registered t. I am far	Agent: miliar with and	l accept the obligat	tions of the position.
_	Si	gnature of Nev	v 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 Do Y Mike Jo SV Sally Sı	<u>ones</u>	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) N/A Change Add	<u>N/A</u>	N/A	N/A
Remove			
2) N/A Change Add	<u>N/A</u>	N/A	N/A
Remove 3) N/A Change Add Remove	N/A	N/A	N/A
4) N/A Change Add	N/A	N/A	N/A
Remove			
5) N/A Change Add	<u>N/A</u>	N/A	N/A
Remove			
6) N/A Change Add	N/A	N/A	N/A
Remove			
E. If amending or addin (attach additional shee	ig additional Arti	icles, enter change(s) here: (Be specific)	
N/A		_	

•						
					·.·	
					_	<u> </u>
	··					
						_
	-	***				
		 				
	- -	•		•		
						
				<u> </u>		
						
		<u>-</u>				

			····			
					·	_
				•		
	, N/A					
The date of each amendment	(s) adoption:			 -		, if other than the
date this document was signed						
Effective date if applicable:	JULY 15, 2024					
	(no more	than 90 days after o	amendment file a	late)		
Note: If the date inserted in the document's effective date on the	is block does not mee ne Department of Stat	t the applicable star e's records.	tutory filing requ	uirements, this o	date will not be	c listed as the
Adoption of Amendment(s)	(<u>CHECI</u>	CONE)				
☐ The amendment(s) was/w was/were sufficient for ap	ere adopted by the me proval.	embers and the num	nber of votes cas	t for the amend	ment(s)	

pted by the board of directors.
Dated July 15, 2024 Signature Hrespo
(By the chairman or vice chairman of the board, president or other officer-if directors
have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
other court appointed riduciary by that indiciary)
ANA CRESPO
(Typed or printed name of person signing)
TREASURER
(Title of person signing)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were