## 707681

(Req	uestor's Name)	
(Add	ress)	
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(City	/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Bus	iness Entity Nar	ne)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	
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S. PRATHEF

## **COVER LETTER**

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: MOLINT Paymond Baptist, INC.
DOCUMENT NUMBER: 707 68
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Maut haymand Full Gospel Baptist Church IN
2410 4th Ayc East
Address)  34221  (City/ State and Zip Code)
Maintrainend baptist Church & Gmail, Com Exmail address: (to be used) for future annual report notification).
For further information concerning this matter, please call:    Solution
Enclosed is a check for the following amount made payable to the Florida Department of State:
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee Certificate of Status (Additional copy is enclosed)

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

Enclosed)

Articles of Amendment	
to	
Articles of Incorporation of	
MOUNT Baymord Baptist Church FAIC	
(Name of Corporation as currently filed with the Florida Dept. of State)	
707681	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:	
A. If amending name, enter the new name of the corporation:	
<u> </u>	7, INC
"Company" or "Co." may not be used in the name.	
$\sim$	<b>.</b>
B. Enter new principal office address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	D 2 4
TETHICIPAL OFFICE AGAINST DE A STREET ADDRESS	
<del></del>	C. 1
C. Enter new mailing address, if applicable:	• ·
(Mailing address MAY BE A POST OFFICE BOX)	- J
(	<del></del>
D. If amending the registered agent and/or registered office address in Florida, enter the name of the	
new registered agent and/or the new registered office address:	
Name of New Registered Agent:	
Name of New Registered Agent: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
(Florida street address)  New Registered Office Address:	
sew registeren cyfice naaress.	
(City) , Florida, Florida	
(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	
NA	
Signature of New 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           V         Mike Jo           SV         Sally St	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add		N/A	
Remove		i	
2) Change Add		NA	
Remove 3 ) Change Add Remove		NA	
4) Change Add		N/4	
Remove		1/1	
5) Change Add		1V/A	
Remove		h./.	
6) Change Add		1Vf A	
Remove		·	
E. If amending or addin (attach additional shee		icles, enter change(s) here: (Be specific)	
	<del></del>		

The date of each amendment(s) adoption:
date this document was signed.
Effective date if applicable:  (no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
Dated 1 - 10 - 2024
Signature
(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)
1
Jason A. XIIIIams
(Typed or printed name of person signing)
BISHOP BSTOR (Title of person signing)

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