

707882

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

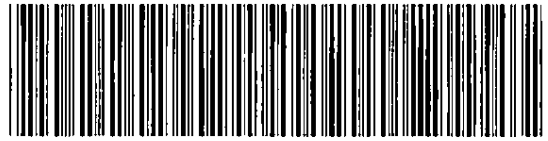
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: ARGYLE CHURCH OF CHRIST, INC

DOCUMENT NUMBER: 707882

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

CARLIE BURGESS
(Name of Contact Person)

(Firm/ Company)

7310 COLLINS RD
(Address)

JACKSONVILLE, FL 32244
(City/ State and Zip Code)

ADMIN@ARGYLECHURCH.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CARLIE BURGESS 904-909-0713
(Name of Contact Person) at (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$52.50 Filing Fee Certificate of Status Certified Copy (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

999 SEP -5 PM 4:40
FILE

Articles of Amendment
to
Articles of Incorporation
of

ARGYLE CHURCH OF CHRIST, INC

(Name of Corporation as currently filed with the Florida Dept. of State)

707882

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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: CARLIE BURGESS

1830 Green Springs Cir Unit A
(Florida street address)

New Registered Office Address:

Fleming Island, Florida 32003
(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.

Carlie Burgess
Signature of New Registered Agent, if changing

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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:

| | | |
|--|-----------|--------------------|
| <input checked="" type="checkbox"/> Change | <u>PT</u> | <u>John Doe</u> |
| <input checked="" type="checkbox"/> Remove | <u>V</u> | <u>Mike Jones</u> |
| <input checked="" type="checkbox"/> Add | <u>SV</u> | <u>Sally Smith</u> |

| <u>Type of Action</u> (Check One) | <u>Title</u> | <u>Name</u> | <u>Address</u> |
|---|--------------|--------------------------|---|
| 1) <input type="checkbox"/> Change <input type="checkbox"/> Add | <u>PD</u> | <u>CHARLES KLEIN</u> | <u>5548 LOFTY PINES CIR SOUTH</u> <u>JACKSONVILLE, FL 32210</u> |
| <input checked="" type="checkbox"/> Remove | | | |
| 2) <input type="checkbox"/> Change <input type="checkbox"/> Add | <u>VD</u> | <u>MICHAEL CLARKE</u> | <u>4746 TARA WOODS DRIVE E</u> <u>JACKSONVILLE, FL 32210</u> |
| <input checked="" type="checkbox"/> Remove | | | |
| 3) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove | <u>TD</u> | <u>KEVIN TRENT</u> | <u>1322 PORTSIDE DR</u> <u>FLEMING ISLAND, FL 32003</u> |
| 4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | <u>PD</u> | <u>DERICK FRAZIER</u> | <u>11465 WHISPERINGBROOK LN</u> <u>JACKSONVILLE, FL 32218</u> |
| 5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | <u>VD</u> | <u>CARLIE E. BURGESS</u> | <u>1830 GREEN SPRINGS CIR</u> <u>UNIT A</u> <u>FLEMING ISLAND, FL 32003</u> |
| 6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | <u>STD</u> | <u>JASON PATZ</u> | <u>1633 PARRISH PLACE</u> <u>JACKSONVILLE, FL 32205</u> |

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

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FALL 11 2023

Effective date if applicable: 8/21/23
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)



☒ 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 8/28/23

Signature Carlie Burgess
(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)

Carlie Burgess
(Typed or printed name of person signing)

VP / Registered Agent
(Title of person signing)

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DATE
FILED