707941

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COVER LETTER

TO: Amendment Section Division of Corporations

Crosspoint United Methodist Church, Inc. NAME OF CORPORATION:
707941
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
BLANE PEARSON
(Name of Contact Person)
Crosspoint
(Firm/ Company)
214 PARTIN DRIVE S
(Address)
NICEVILLE FL 32578
(City/ State and Zip Code)
BPEARSON@CROSSPOINT.CHURCH
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
BLANE PEARSON 850 6784411
(Name of Contact Person) (Area Code) (Daytime Telephone Number)
Inclosed is a check for the following amount made payable to the Florida Department of State:
□ \$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status Certificate of Status (Additional copy is enclosed) □ \$43.75 Filing Fee & Certificate of Status 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

Articles of Amendment to Articles of Incorporation of

Crosspoint United Methodist Church, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) 707941 (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: Crosspoint Church, Inc. name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "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: (Florida street address) New Registered Office Address: .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.

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	<u>PT</u> <u>V</u> <u>SV</u>	John De Mike Je Saily Si	ones		
Type of Action (Check One)	Title		Name	Address	
1) Change Add		_			
Remove					
2) Change Add		_			
Remove 3) Change Add Remove		-		2022 MAY 19	T =
4) Change Add	•••••	_	 		.ED
Remove				<u> </u>	
5) Change Add		_			
Remove					
6) Change Add					
Remove					
E. <u>If amending or additional shee</u>	ng addition	onal Arti essary).	icles, enter change(s) here: (Be specific)		

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The date of each amendment(s) a date this document was signed.	adoption:	, if other than
Effective date if applicable:	(no more than 90 days after amendment file d	
	(no more than 90 days after amendment file d	ate)
	look door not most the applicable statutory filling requi	irements, this date will not be listed as the
Note: If the date inserted in this bidocument's effective date on the D	pepartment of State's records.	

	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
	May 10, 2022 Dated
	Signature Blane Penson
	(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)
	Blane Pearson
	(Typed or printed name of person signing)
	Treasurer

(Title of person signing)

