## 707954

(Re	questor's Name)			
(Ad	ldress)	<del></del>		
(Ad	ldress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
		i		

Office Use Only



700306015497

12/05/17--01026--017

S TALLEN? JAN 1 7 2018



18 JAN 16 PH 2: 52

\*\*3**5.0**0



## FLORIDA DEPARTMENT OF STATE Division of Corporations

December 6, 2017

THOMAS D STAFFORD LIBERTY CHURCH, INC. 8900 HWY 98 W PENSACOLA, FL 32506

SUBJECT: LIBERTY CHURCH, INC.

Ref. Number: 707954

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

IN ORDER TO FILE THE ARTICLES OF AMENDMENT, THE ATTACHED PAGE 1 OF 4 MUST BE COMPLETED AND THE ENTIRE DOCUMENT RESUBMITTED.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent Regulatory Specialist II

Letter Number: 317A00024641

## **COVER LETTER**

Division of Corporations
NAME OF CORPORATION: LIBERTY CHURCH, INC.
DOCUMENT NUMBER: 707954
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
THOWAS D STATED  (Name of Contact Person)
(Name of Contact Person)
LIBERTY CHURCH
(Firm/ Company)
8900 HWY 98W
(Address)
(Address) PENSA CONA FL 32506 (City/ State and Zip Code)  dave @ liberty chyrch opet
(City/ State and Zip Code)
dave @ libertychurch.net  E-mail address: flo be used for future annual report notification)
E-mail address: (to be used for turne annual report notification)
For further information concerning this matter, please call:
DAVE STATED at 850 380 9137 (Name of Contact Person) (Area Code) (Daytime Telephone Number)
(Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee S43.75 Filing Fee S43.75 Filing Fee Certificate of Status  Certificate of Status  (Additional copy is enclosed)  Certificate of Status  (Additional Copy is Enclosed)
Mailing Address Street Address

Mailing Address
Amendment Section Division of Corporations P.O. Box 6327

TO: Amendment Section

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

LIBECT	Y CHURCH	t, INC.	
(Name of Corporation as cur	rently filed with th	e Florida Dept. of State)	
707	954		
(Document Nu	imber of Corporatio	n (if known)	
Pursuant to the provisions of section 617.1006, Florida Stanmendment(s) to its Articles of Incorporation:	tutes, this Florida i	Not For Profit Corporation adopts the follow	ving
A. If amending name, enter the new name of the corpo	ration:		
		The r.	
name must be distinguishable and contain the word "corpo "Company" or "Co," may not be used in the name.	oration" or "incorp	orated" or the abbreviation "Corp." or "In	C.
		<b>.</b>	
B. Enter new principal office address, if applicable:		75.43	<del>.</del>
(Principal office address <u>MUST BE A STREET ADDRE.</u>	<u>33</u> )	TIV (	=
		The state of the s	<del></del>
":		25 <u>71 5</u>	<u>o</u>
C. Enter new mailing address, if applicable:			PH
(Mailing address MAY BE A POST OFFICE BOX)			<u></u>
,		24 37 24 32	ÿ
	-		<u>~</u>
D. If amending the registered agent and/or registered of		orida, enter the name of the	
new registered agent and/or the new registered offic	<u>ce augress:</u>		
Name of New Registered Agent:			
		(Florida street address)	
New Registered Office Address:		· · · · · · · · · · · · · · · · · · ·	
	4	Phone In	
	(Citv)	, Florida (Zip Code)	
	•	,	
New Registered Agent's Signature, if changing Register		an and the additional and the model of	
I hereby accept the appointment as registered agent. I an	(затишт wип ана)	accept the obugations of the position.	
·	C:t	David and Leave if the sign	
	Signature of New	Registered Agent, if changing	

address of each Office (Attach additional shee Please note the officer/ P = President; V = Vice	er and/or Direct ets, if necessary) (director title by t e President; T= T O = Chief Financ	or being added: he first letter of the office title: reasurer; S= Secretary; D= Director; TR= Tr ial Officer. If an officer/director holds more th	
	eaves the corpor	ation, Sally Smith is named the V and S. These	PST and Mike Jones is listed as the V. There is should be noted as John Doe, PT as a Change.
Example:  X Change X Remove X Add	<u>V</u> <u>Mik</u>	n Doe te Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add Remove	TD	JIMMY WEAVER	PENSACOLA FI 32507
2) Add	SD/TD	THOMES D STAGABL	32891 Albe hout al
Remove 3 ) Change Add Remove	$\overline{\sqrt{\mathcal{D}}}$	JOHN PAUL LAMBUT	8985 SALT GRASS DUE W PENSACONA FL 32526
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove	<del></del>		

Page 2 of 4

If amending or adding additional Artic (attach additional sheets, if necessary).	(Be specific)				
		· ·			
					·
		·			
			· · · · · · · · · · · · · · · · · · ·		
<u> </u>		<del></del>			
		· <u>·</u>			
·		•••			<del>-</del>
					<u>-</u>
					_
	<del>-</del> .				
				-	-
					_
			· · · · · · · · · · · · · · · · · · ·		
		<u> </u>			

The date of each amendment(s) adoption:		, if other than the	
	ective date if applicable:		
	(no more than 90 days after amendment file date)		
	e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not lument's effective date on the Department of State's records.	oe listed as the	
Ada	option of Amendment(s) (CHECK ONE)		
Þ	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	1	
	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 11/20/2017	' (	
	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)	,	
	THOWAS DAVID STAFFORD		
	(Typed or printed name of person signing)		
	SECRETALY		
	(Title of person signing)	11	