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DEC 0 7 2018 S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

-1

NAME OF CORPORATION: Liberty Church Inc.
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
John Lambert (Name of Contact Person)
Liberty Church (Firm/Company)
8900 Hwy 98 W
Persa col 9 FL 32506 (City/State and Zip Code)
(City/ State and Zip Code) Jamberta liberty church · net E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
John Lambert at 626 316 2050 (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 \$\Bigcup \\$43.75 Filing Fee & \Bigcup \\$43.75 Filing Fee & \Bigcup \\$52.50 Filing Fee & Certificate of Status (Additional copy is enclosed) \$\Bigcup \\$60 Certificate of Status (Additional Copy is Enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

FILED

Articles of Amendment to

Ar	ticles of Incorporation		
Liber-	ty Church	Inc.	
(Name of Corporation as co	arrently filed with the Flo	rida Dept. of State)	
つ クフ	954		
(Bocument)	Number of Corporation (if)	known)	
Pursuant to the provisions of section 617,1006, Florida S amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not F	or Profit Corporation adopts the	following
A. If amending name, enter the new name of the corp	ooration:		
			The new
name must be distinguishable and contain the word "con "Company" or "Co." may not be used in the name.	poration" or "incorporate	ed" or the abbreviation "Corp.".	
B. Enter new principal office address, if applicable:			
(Principal office address <u>MUST BE A STREET ADDR</u>	<u>ESS</u>)		
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)			8 DEC -3 M 8: 13
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		i, enter the name of the	
Name of New Registered Agent:			
New Registered Office Address:	(1	Florida street address)	
		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I describe the appointment as registered agent.	am familiar with and accep		
	— Signature of New Regi	stered 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>John D</u> <u>V</u> <u>Mike J</u> <u>SV</u> <u>Sally S</u>	ones .	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	SD/TD	Thomas D. Stafford	32891 Arbor Ridge Cir Lillian AL 36549
2) Add	VSTD	John Lambert	8485 Salt Grass Drw Pensacola FL
Remove 3)ChangeAddRemove			32526
4) Change Add Remove			
5) Change Add			
Change Add			
Remove			

utach additional s	ding additional Arti heets, if necessary).	(Be specific)				
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The date of each amendment(s) ad	option:	, if other than
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 blo- document's effective date on the Dep	ck does not meet the applicable statutory filing requirements, this dat partment of State's records.	e will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ad was/were sufficient for approva	opted by the members and the number of votes east for the amendme 1.	ent(s)
☐ There are no members or membadopted by the board of director	pers entitled to vote on the amendment(s). The amendment(s) was/webrs.	rre
Dated	29/2018	
Signature	DerCo	
have not bee	muse or vice chairman of the board, president or other officer-if direct on selected, by an incorporator – if in the hands of a receiver, trustee, appointed fiduciary by that fiduciary)	
	John Lambert	
	(Typed or printed name of person signing)	
	Vice President	
	(Title of person signing)	

the