

(Red	questor's Name)			
(Ādd	dress)			
(Add	dress)			
(City	y/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nam	ne)		
(Document Number)				
Certified Copies	_ Certificat e s	of Status		
Special Instructions to	Filing Officer:			

Office Use Only

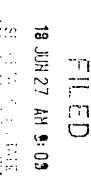


600314899786

06/27/18--01019--012 **35.00

And

R. WHITE JUN 29 2018



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: FIRST BAPTIST CHURCH, TNC, OF DELEON SPRINGS, F/DRID,
DOCUMENT NUMBER: 709628
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
JERONE CHAFFIN
(Name of Contact Person)
SAME AS CORPORATION (Firm/Company)
(Firm Company)
P.O. BOX 908
(Address)
DELEON SPRINGS, F1 32130 (City/ State and Zip Code)
(City/ State and Zip Code)
Fordeleonsprings @ gmail, Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
JERONE CHAFFIN at 386 740 0223
(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
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

a.f

FILED

18 JUH 27 AH 51 US

FIRST BAPTIST CHURCH, INC, OF DELEON SPRINGS, Florido (Name of Corporation as currently filed with the Florida Dept. of State) (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: 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: (Florida street address) New Registered Office Address: (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.

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	V Mik	<u>n Doe</u> e Jones y Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change Add Remove	TR TRUSTEE	GAST, BOB	1855 CORTEZ DR. DELEON SPYINGS, Fl 32130
2) Change	TIR, TRUSTEE	UNDERHILL, JOSEPH	205 LEMON RD P.O. BOX 406
Remove 3)ChangeAdd		N)A	BARBERVILLE, Fl 32105
Remove 4) Change Add		N/A	
Remove Change Add		<u> N/A</u>	
Remove 6) Change Add Remove		<u> N/A</u>	

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

The date of each amendment(s) adoption: A A A A A A A A A A A A A A A A A A	, if other than the
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 locument's effective date on the Department of State's records.	be listed as the
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 6-25-18	
Signature Bill & Heater (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)	
BILL G. HESTER (Typed or printed name of person signing)	
PEGISTERED AGENT	

(Title of person signing)