710757

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TO: Amendment Section
Division of Corporations

Tallahassee, FL 32314

THE I	FIRST APOSTOLIC CHUR	CH OF LAKE C	CITY, FLORIDA	A, INC.
710757				
DOCUMENT NUMBER:				
The enclosed Articles of Amendment a	nd fee are submitted for filit	ng.		
Please return all correspondence concer	ning this matter to the follo-	wing:		
JENNELL ADAMS				
	(Name of Co	ntact Person)		
THE FIRST APOSTOLIC CHURCH (OF LAKE CITY, FLORIDA	, INC.		
	(Firm/ C	ompany)		
724 SW MCFARLANE AVE				
	(Add	lress)		
LAKE CITY, FLORIDA 32025				
	(City/ State a	nd Zip Code)		· · · · · · · · · · · · · · · · · · ·
jamierevisacctg@gmail.com				
E-mail addre	ess: (to be used for future an	nual report notifi	cation)	
For further information concerning this	matter, please call:			
JENNELL ADAMS		386	697-765	4
(Name of C	Contact Person)		ode) (Daytimo	e Telephone Number)
Enclosed is a check for the following ar	nount made payable to the F	lorida Departme	ent of State:	
☐ \$35 Filing Fee	Filing Fee & S43.75 Fili ate of Status Certified C (Additional enclosed)	Copy (S52.50 Filing Fe Certificate of Sta Certified Copy Additional Cop Enclosed)	atus
Mailing Address Amendment Section Division of Corporati P.O. Box 6327	ons			2

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

THE FIRST APOSTOLIC CHURCH OF LAKE CITY, FLORIDA, INC.

(Name of Corporation as currently filed with the	ne Florida D	ept. of State)	·	-
710757				
(Docu	ment Numbe	er of Corporation (if I	(nown)	
Pursuant to the provisions of section 617.1006, Floamendment(s) to its Articles of Incorporation:	orida Statute	s, this <i>Florida Not F</i>	or Profit Corporation adopts the	following
A. If amending name, enter the new name of the	<u>ie corporati</u>	on:		
				_The new
name must be distinguishable and contain the wor "Company" or "Co." may not be used in the nam	d "corporati ie	ion" or "incorporate	d" or the abbreviation "Corp." o	or "Inc."
	_			当
B. Enter new principal office address, if applic	<u>able:</u>			رت
(Principal office address <u>MUST BE A STREET</u>	<u> 4DDRESS</u>)			
				· · · · · · · · · · · · · · · · · · ·
				·
C. Enter new mailing address, if applicable:				1.
(Mailing address MAY BE A POST OFFICE	BOX)			ö
				
	•			•
5				
 If amending the registered agent and/or registered agent and/or the new register 	istered offic	<u>e address in Florida</u>	, enter the name of the	
new registered agent and/or the new register				
Name of New Registered Agent:	CHADE	OWNSEND		
	3379 SE C	R 245		
			lorida street address)	
<u>New Registered Office Address</u>	:			
	LAKE CIT	Y	Florida 32025	
		(Ciṇ)	, Florida 32025 (Zip Code)	
New Registered Agent's Signature, if changing	Dagietanad	.		
I hereby accept the appointment as registered ages	it. Lam fam	Agent: illiar with and accept	the obligations of the position	
		and E. To		
-	Sig	nature of New Regist	ered 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	PT John Do V Mike Jo SV Sally Sr	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	PD	L.R. LEGUIRE	573 SE NATURE DRIVE LAKE CITY, FL 32025
x Remove			
2) Change Add	PD	CHAD E. TOWNSEND	3379 SE CR 245 LAKE CITY, FL 32025
Remove 3) Change Add Remove			
4) Change Add			
Remove			
Add			
6) Change Add			
Remove E. If amending or addin (attach additional sheet)	g additional Artic ts, if necessary).	cles, enter change(s) here: (Be specific)	
	<u>-</u>		
			

•	
The date of each amendment(s) adoption:late this document was signed.	, if other than the
11/6/2020	
Effective date if applicable: (no more than 90 days after amendment	Gle date)
(no more man 30 days after amenament	me uuiej
Note: If the date inserted in this block does not meet the applicable statutory filing	requirements, this date will not be listed as the

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

adopted by th	e board of directors.
Date	11/9/2020 d
Signa	ature Mille Ollinger
_	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)
	JENNELL ADAMS