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Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Amendment Section Division of Corporations		
NAME OF CORPORATION: First Baptist Church of Jas	omine La	<u>Ke</u> s
DOCUMENT NUMBER: 717604		2 <u>4</u>
The enclosed Articles of Amendment and fee are submitted for filing.	·	NOV 20
Please return all correspondence concerning this matter to the following:		N 28
Johnathan Lowry (Name of Contact Person)		PH 12:
(Name of Contact Person)		2:2
		
(Firm/ Company)		
924 W 1630 N (Address)		
Orem, UT 84057 (City/State and Zip Code)		
(City/ State and Zip Code)		
(City/State and Zip Code) jklowry 24@hotmail.com		
E-mail address: (to be used for future annual report notification)		·
For further information concerning this matter, please call:		
Johnathan Lowry at 727 992 (Name of Content Person) (Area Code) (Daytime Tel	2185	-
(Name of Contact Person) (Area Code) (Daytime Tel-	ephone Number)	
Enclosed is a check for the following amount made payable to the Florida Department of State:		
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Coctober Calculate of Status Certified Copy (Additional copy is enclosed) Coctober Certificate of Status Certified Copy (Additional Copy is Enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Taliahassee, FL 32314 Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Taliahassee, FL 32301	DEFACTOR CONFORM 17 1001 TALLAUAS SET FLORE TALLAUA SET FLORE TALLAUA SET FLORE TALLAUA SET FLORE TALLAUAS SET FLORE TALLAUA SE	<u> </u>
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Articles of Amendment Articles of Incorporation (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: 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 <math>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		Doe Jones Smith	·
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add Remove	D	Frank Dipronio	6242 Staunton Dr. Holiday, FL 34690
2) Change Add Remove	D	David Hobbs	8725 woodmont Lu Port Richey,FL34668
Change Add Remove	<u>S</u> _	Pam Dipronio	6835 Jasnine Blud Port Richey, FL 34668
4) Change Add Remove	D	James Lee	17002 Holmby Ct. Cand O Lakes, PL 34638
5) Change Add Remove			
6) Change Add Remove			

famending or adding a utach additional sheets, i	f necessary). (Be specific)					
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The date of each amendment(s) ac date this document was signed.	, if other than the	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the De	ck does not meet the applicable statutory filing requirements, this department of State's records.	ite will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were as was/were sufficient for approve	sopted by the members and the number of votes cast for the amendmal.	ent(s)
There are no members or mem adopted by the board of direct	bers entitled to vote on the amendment(s). The amendment(s) was/wors.	vere
Dated //	11/17	
Signature	1/2/	
have not be	man or vice chairman of the board, president or other officer-if direction, by an incorporator — if in the hands of a receiver, trustee appointed fiduciary by that fiduciary)	tors , or
	(Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	(Title of person signing)	

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