## 721625

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Truste	ees, Scenic Heights Baptist Church, Inc.
DOCUMENT NUMBER: 721625	
The enclosed Articles of Amendment an	nd fee are submitted for filing.
Please return all correspondence concer	ning this matter to the following:
Velma Kahiapo	
	(Name of Contact Person)
Scenic Heights Baptist	Chu (Firm/ Company)
	(Firm Company)
3351 Creighton Road	(Address)
Pensacola, FL 32504	
10,100,000,1 12 02001	(City/ State and Zip Code)
For further information concerning this	matter, please call:
Velma Kahiapo	at ( <u>850</u> ) <u>476-2626</u>
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following ar	nount made payable to the Florida Department of State:
\$35 Filing Fee  \$43.75 Filing Fee Certificate of State	
Mailing Address  Amendment Section  Division of Corporations  P.O. Box 6327  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 of

Trustees, Scenic He (Name of Corporation as currently	eights Baptist Church	
•	721625	<u>. or state)</u>
	of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Flor the following amendment(s) to its Articles of Incorp		t For Profit Corporation adopts
A. If amending name, enter the new name of the	corporation:	
Scenic Heights Baptist Church, Inc.		
The new name must be distinguishable and contain abbreviation "Corp." or "Inc." "Company" or "C		
B. Enter new principal office address, if applicate (Principal office address MUST BE A STREET A)	ole:	
		AH
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E	<u> </u>	SSEE F
		STATE: LORIDA
D. If amending the registered agent and/or regis new registered agent and/or the new registered		ida, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address	<u> </u>
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered age position.		d accept the obligations of the
Signa	ture of New Registered Ager	ut, 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) Address **Type of Action** <u>Title</u> <u>Name</u> ☐ Add ■ Remove \_\_\_\_\_ 🗖 Add ☐ Remove \_ 🗖 Add ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

The date of each amendment(s) adoption: 11/30/2008		
Effective date if applicable:	12/1/2008 (no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
_	re adopted by the members and the number of votes cast for the amendment( $s$ ) roval.	
There are no members or radopted by the board of dir	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.	
Dated_12/1	/2008	
Signature	William C. Waller	
(By	the chairman or vice chairman of the board, president or other officer-if directors e not been selected, by an incorporator – if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary)	
	William C. Waller (Typed or printed name of person signing)	
	Registered Agent/Trustee (Title of person signing)	