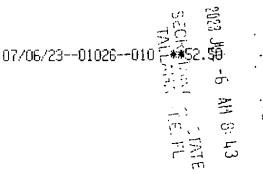


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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	Church of South Brevard			
734543 DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee	are submitted for filing.			
Please return all correspondence concerning t	his matter to the following	:		
Jody L Dye				
	(Name of Contact	Person)	-	
First Baptist Church of South Brevard				
	(Firm/ Compa	any)		
4300 N Wickham Rd				,
	(Address)			-10
Melbourne, FL 32935				
	(City/ State and Z	ip Code)		
finances@fbcsb.org				, in the second
·	be used for future annual	report notific	cation)	
For further information concerning this matte	r, please call:			•
Bob Brown		407 at	de) (Daytime Teleph	
(Name of Contac	et Person)	(Area Co	de) (Daytime Teleph	none Number)
Enclosed is a check for the following amount	made payable to the Florid	da Departmer	nt of State:	
□ \$35 Filing Fee □\$43.75 Filing Certificate of	Fee & S43.75 Filing F Status Certified Copy (Additional copenclosed)	oy is C	52.50 Filing Fee Certificate of Status Certified Copy Additional Copy is Enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Addr Amendment Division of C The Centre	Section	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

First Baptist Church of South Brevard

(Name of Corporation as currently filed with the Florid	da Dept.	of Stat	<u>e</u>)				
734543							
(Document Nu	ımber of	Corpor	ation (i	f known)			
Pursuant to the provisions of section 617.1006, Florida Statemendment(s) to its Articles of Incorporation:	atutes, thi	s Flori	da Not	For Profi	t Corpoi	ration adopts	the following
A. If amending name, enter the new name of the corpor	oration:						
-Same-							The new
name must be distinguishable and contain the word "corpo "Company" or "Co." may not be used in the name.	oration"	or "inc	corpora	uted" or th	e abbre	viation "Corp	." or "Inc."
B. Enter new principal office address, if applicable:	-Sai	nc-					
(Principal office address MUST BE A STREET ADDRES	<u>:SS</u>)				·		
	-	-		<u> </u>			
							
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	-Sa	me-					
(
					-		
	_	_					-
D. If amending the registered agent and/or registered of	office ad	dress i	n Flori	ida, enter	the nam	e of the	7 313 73 73
new registered agent and/or the new registered office		<u>55:</u>					五分
Name of New Registered Agent:				_		 	
			•	ari il	1.7		
New Registered Office Address:				(Florida str	eet aaares	<i>s)</i>	. E 01,
						Florida	TIA.
	((City)				(Zip Code)	mi mi
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am	red Age n familia	nt: r with a	end acc	ept the ob	ligations	of the positio	n.
	Signat	ure of N	lew Rey	gistered A	gent, if c	hanging	

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		Doe Jones Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add	<u>Deacon</u>	Keith Maddox	311 Sand Pine Rd Indialantic, FL 32903
 X Remove 2) Change Add 	Pastor	John E Buchanan	1140 Rock Springs Dr Melbourne, FL 32940
Remove 3) Remove			
4) Change Add	<u></u>		SHCVVIII
Remove 5) Change Add			
Remove			
6) Change Add			
E. If amending or add (attach additional sh	ling additional eets, if necessar	Articles, enter change(s) here: y). (Be specific)	

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The date of each amendment(s) adoption date this document was signed.	6/26/23			, if other than the
date this document was signed.				
6/26/23				
Effective date if applicable:	no more than 90 days afte	er amendment file date)		
Note: If the date inserted in this block does				of be listed as the
Note: If the date inserted in this block does document's effective date on the Department	nt of State's records.	statetory minig requires	neme, and auto will lit	

(CHECK ONE)

■ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s)

Adoption of Amendment(s)

was/were sufficient for approval.

	6/26/23
Dated	
Signature	: Poto Brown
2.6	(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)
	office court appointed redictory by that reductory
	Bob Brown
	Bob Brown
	Bob Brown

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were

