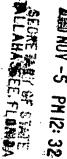
(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO: Amendment Section **Division of Corporations**

> P.O. Box 6327 Tallahassee, FL 32314

NAME OF CORPORATION: Santa	7e River Baptis	of ASSOC. IN
DOCUMENT NUMBER: # 736	746	
The enclosed Articles of Amendment and fee are s	submitted for filing.	
Please return all correspondence concerning this m	natter to the following:	
Brenda (Name	Sapport of Contact Person)	
	Baptist Assoc. J	INC
2630 NW	39 HAVE (Address)	
_	FL 32605 State and Zip Code)	
•	La. Org sed for future annual report notification	<u>n)</u>
For further information concerning this matter, ple	ease call:	
Brenda a Sapp (Name of Contact Person)	at (35 2) 373 - 5 (Area Code & Daytime	Telephone Number)
Enclosed is a check for the following amount mad	e payable to the Florida Department of	State:
\$35 Filing Fee \$\square\$ \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$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 Address Amendment Section Division of Corporations Clifton Building	- ,

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

_	of	-107-5
SANTA FE River	Baptist ASSOCICTOR	TACLLAGE MAN
(Name of Corporation as curre	ently filed with the Florida Dept	of State
	736786	
(Document Nun	nber of Corporation (if known)	
rsuant to the provisions of section 617.1006, following amendment(s) to its Articles of Ir		For Profit Corporation a
If amending name, enter the new name o	f the corporation:	
e new name must be distinguishable and control breviation "Corp." or "Inc." "Company" o		
Enter new principal office address, if app		
rincipal office address <u>MUST BE A STREE</u>	<u>CT ADDRESS</u>)	
rincipal office address <u>MUST BE A STREE</u>	<u>TT ADDRESS</u>) ——————	
	<u></u>	
Enter new mailing address, if applicable	<u></u>	
Enter new mailing address, if applicable	<u></u>	
Enter new mailing address, if applicable	<u></u>	
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI)	<u>:</u> CE BOX)	da, enter the name of the
Enter new mailing address, if applicable (Mailing address <u>MAY BE A POST OFFI</u>	<u>:</u> CE BOX)	da, enter the name of the
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI)	<u>:</u> CE BOX)	da, enter the name of the
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI) If amending the registered agent and/or new registered agent and/or the new registered Agent: Name of New Registered Agent:	: CE BOX) registered office address in Flori stered office address:	
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI) If amending the registered agent and/or new registered agent and/or the new registered agent.	<u>:</u> CE BOX)	
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI) If amending the registered agent and/or new registered agent and/or the new registered Agent: Name of New Registered Agent:	: CE BOX) registered office address in Flori stered office address:	

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
<u>V-P</u>	DAVID Patterson	5100 SW 91# TEXX GAINESUILLE 71 32608	Add ☐ Remove
P	Steve Matchett	15320 NW 3/# TERR Ge/NESUILLE 71 32609	
\mathcal{D}_{-}	Barry Hubbard	4817 NW 72Nd LaNE GAINESUILLE FL 32653	Add ☐ Remove
	ding or adding additional Articles, enter additional sheets, if necessary). (Be spec		
	·		

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)

<u>Title</u>	Name	Address	Type of Action
	Edwin Gardner	2440 NW 54 Blvd Gainesuille 71 32653	Add ☐ Remove
\mathcal{D}_{-}	Joy Gotwalt	10209 SW 15 PL GAINESUILLE 71 32607	Add □ Remove
\mathcal{D}_{-}	Shirley Ingram	2020 NE 9 5+ GAINESVILLE 71 32609	Æ Add □ Remove
	ding or adding additional Articles, ente dditional sheets, if necessary). (Be spec		
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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 Fldie GANdy

BILL Weldon Add Add Worthington Springs Remove Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
D	Mike O'Carroll		
			Remove
			
			☐ Remove
		<u> </u>	
E. If amen	ding or adding additional Articles, en	er change(s) here	
(attach a	additional sheets, if necessary). (Be spe	ecific)	
 			
			····
_			
			
<u> </u>			
			
			
			<u></u>

The date of each amendment(s)	adoption: Deptember 9, 2010
T) 00 1 . 10 11	(date of adoption is required)
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were a was/were sufficient for approve	adopted by the members and the number of votes cast for the amendment(s) al.
There are no members or men adopted by the board of direct	nbers entitled to vote on the amendment(s). The amendment(s) was/were ors.
Dated	Vember 2, 2010 Browds a Sapp
(By the	e chairman or vice chairman of the board, president or other officer-if directors of been selected, by an incorporator – if in the hands of a receiver, trustee, or ourt appointed fiduciary by that fiduciary)
_	Brenda A. Sapp (Typed or printed name of person signing)
_	Secretary
	(Title of person signing)