(Re	equestor's Name)	
(Ac	idress)	
(Ac	ldress)	· ·
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bi	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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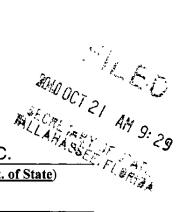
10/21/10--01008--017 \*\*35.00

### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORP	ORATION: SILVER STAR	CHRISTIAN CHURCH	, INC.
DOCUMENT NUI	мвек: 737057		
The enclosed Articl	es of Amendment and fee are sub	mitted for filing.	
Please return all cor	respondence concerning this matte	er to the following:	
		MCPHERSON	
	(Name of	Contact Person)	
	SILVER STAR (	CHRISTIAN CHURCH	
	(Firm,	/ Company)	
	7510 SILVE	ER STAR ROAD	
<del></del>		Address)	
	ORI ANI	OO, FL 32819	
	·	e and Zip Code)	
	BADDVMCDHEDG	SON1@HOTMAIL.COM	
		for future annual report notifica	tion)
For further informa	tion concerning this matter, please	call:	
BARRY MCPHE	-BSON	or ( 773 ) 623-401	6
(Nam	ERSON ne of Contact Person)	(Area Code & Daytin	ne Telephone Number)
Enclosed is a check	for the following amount made pa	ayable to the Florida Department	of State:
	☐ \$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am	iling Address endment Section	Street Address Amendment Section	
	ision of Corporations Box 6327	Division of Corporatio Clifton Building	ns
	lahassee, FL 32314	2661 Executive Center Tallahassee, FL 32301	Circle

### **Articles of Amendment Articles of Incorporation**



#### SILVER STAR CHRISTIAN CHURCH, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

#### 737057

(Document Number of Corporation (if known)

	N/A		
new name must be distinguishable and previation "Corp." or "Inc." <u>"Company</u>	d contain the word y <mark>" or "Co." may no</mark>	"corporation" or "inc t be used in the name.	corporated" or the
Enter new principal office address, if a incipal office address MUST BE A STR		<u>N/A</u>	
Enter new mailing address, if applica (Mailing address MAY BE A POST OF		N/A	
If amending the registered agent and/	or registered office	address in Florida, er	nter the name of th
If amending the registered agent and/onew registered agent and/or the new r	or registered office egistered office add	address in Florida, er dress:	nter the name of th
If amending the registered agent and/onew registered agent and/or the new registered agent:	egistered office ad	address in Florida, erdress:  MCPHERSON	nter the name of th
new registered agent and/or the new r	egistered office ad	dress:	nter the name of th
new registered agent and/or the new r	egistered office ad BARR\ 7510 SI	dress: / MCPHERSON	nter the name of th
new registered agent and/or the new r  Name of New Registered Agent:	BARRY 7510 SI	dress: / MCPHERSON LVER STAR RD.	nter the name of th

Signature of New Registered Agent, if changing

Page 1 of 3

## 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
RA	CHESTER J. TOKAR	4748 LAKE SHARP DR. ORLANDO, FL 32817	□ Add □ Remove
<u>M</u>	CHESTER J. TOKAR	4748 LAKE SHARP DR. ORLANDO, FL 32817	□ Add ☑ Remove
CD	JOSH WOLFAL	210 ARIZONA AVE OCOEE, FL 34761	
	ling or adding additional Articles, enditional sheets, if necessary). (Be s		
		,	
<del></del>	· · · · · · · · · · · · · · · · · · ·	,	

# 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
TD	BARRY MCPHERSON	6373 ROYAL TERN ST. ORLANDO, FL 32810	□ Add ☑ Remove
CD	BARRY MCPHERSON	6373 ROYAL TERN ST. ORLANDO, FL 32810	
<u>TD</u>	GARY S. FULLER	5914 LONG CANYON DR. ORLANDO, FL 32810	
	nding or adding additional Articles, en additional sheets, if necessary). (Be sp		

## 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
VCD	YVES DESVARIEUX	1714 SARAZEN AR.	☑ Add
		ORLANDO, FL 32808	Remove
			□ Add
			Remove
			☐ Add☐ Remove
	•		
E. If amendin	g or adding additional Articles, enter c	hange(s) here	
(attach addi	tional sheets, if necessary). (Be specific	c)	
·		·	
		<del>-</del>	
<del></del>	<u></u>		
<del></del>			
	·		
		<del></del>	

The date of each amendment	t(s) adoption: OCTOBER 1, 2010
Effective date <u>if applicable</u> :	OCTOBER 1, 2010  (date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we was/were sufficient for app	re adopted by the members and the number of votes cast for the amendment(s) roval.
There are no members or adopted by the board of di	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.
Dated_OCT	TOBER 18,2010
Signature	Mheson
hav	the chairman or vice chairman of the board, president or other officer-if directors to not been selected, by an incorporator — if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary)
	BARRY MCPHERSON
	(Typed or printed name of person signing)
	CD
	(Title of person signing)

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