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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

•

NAME OF CORPORATION: Destin Metho	dist Church Inc				
DOCUMENT NUMBER:					
The enclosed Articles of Amendment and fee a					
Please return all correspondence concerning the	is matter to the follo	wing:			
Roger Cox					
	(Name of Co	utact Person)			
Destin Methodist Church					
	(Firm/ C	ompany)	<u> </u>		
200 Beach Drive					. 13
	(Add	ress)			
Destin, Fl 32541					第2
	(City/ State a	nd Zip Code)			
ashell@destinmc.org					
E-mail address: (to b	e used for future am	nual report noti	ification	1)	ज ज
For further information concerning this matter,	please call:				
Roger Cox		850 at		837-2021	
(Name of Contact I				(Daytime Tele	phone Number)
Enclosed is a check for the following amount m	ade payable to the F	lorida Departn	nent of	State:	
■ \$35 Filing Fee □\$43.75 Filing Fe Certificate of St		opy	Certiti Certifi	cate of Status ed Copy ional Copy is	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Add Amendmen Division of The Centr	nt Secti f Corpo		

2415 N. Monroe Street, Suite 810

Tallahassee, Ft. 32303

Articles of Amendment to Articles of Incorporation of

Destin Methodist Church Inc				
(Name of Corporation as currently filed with the	ie Florida I	Dept. of State)	- <u></u>	
744730				
(Docu	nent Numb	er of Corporation (i	fknown)	
Pursuant to the provisions of section 617,1006, Floamendment(s) to its Articles of Incorporation:	orida Statute	es, this <i>Florida Not</i>	For Profit Corporation	adopts the following
A. If amending name, enter the new name of th	ie corporat	ion:		
N/A				771
name must be distinguishable and contain the work "Company" or "Co." may not be used in the nam		ion" or "incorpora	ted" or the abbreviation	The new i "Corp," or "Inc."
B. Enter new principal office address, if applica	able:	N/A		.: 26
(Principal office address MUST BE A STREET))		70 F
			<u> </u>	<u></u>
				2 '
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX</u>)	N/A		15 X 25 25 25 25 25 25 25 25 25 25 25 25 25
				· 图 5
D. If amending the registered agent and/or regi	stered offic	e address in Florid	a, enter the name of th	<u>ie</u>
new registered agent and/or the new register	ed office ac	<u>idress:</u>		
Name of New Registered Agent:	Walden, C	Bary L		
	200 Beach	Drive	1	
	(Florida street address)			
New Registered Office Address:				
	Destin		Florid	32541 a
		(City)	(Zip	Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen	Registered , t. I am fan	Agent: iiliar with and accep	ot the obligations of the	position.
	Sa	n 2. Wa	Mm	
	Sign	nature of New Regi	stered Agent, if changin	g

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	<u>V</u> <u>Mil</u>	n Doe ke Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	<u>P</u>	Shoults, Michael A	200 Beach Drive Destin, FL 32541
 × Remove 2) Change × Add 	<u>P</u>	Walden, Gary L	200 Beach Drive Destin, FL 32541
Remove 3) Remove Add Remove			
4) Change Add			
Remove 5) Change Add			SECRE JUN 21
Remove 6) Change Add			
(attach additional she	ets, if necessary	s <u>rticles, enter change(s) here</u> :). (Be specific)	
	_		

	
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	or the con-
te this document was signed.	, if other than the
fective date if applicable:	
(no more than 90 days after amend	lment file date)

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

(CHECK ONE)

Adoption of Amendment(s)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
Dated $\frac{6/20/24}{}$
Signature Jan 2, Walden
(By the chairman of 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)
CARY L. WALSTEN (Typed or printed name of person signing)
CHARMAN OF TRUSTEES (Title of person signing)

SECRETARY OF ETC