746492

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ry/State/Zip/Phone #)
PICK-UP	WAIT	MAIL
(Bı	ısiness Entity Name)
(Do	ocument Number)	
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C. LEWIS OCT 2 8 2013 **EXAMINER**



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 10, 2013

NADER ASHCHI PO BOX 659 ALFRED, FL 33850

SUBJECT: SPIRITUAL ASSEMBLY OF THE BAHA'IS OF POLK COUNTY, INC.

Ref. Number: 746492

We have received your document for SPIRITUAL ASSEMBLY OF THE BAHA'IS OF POLK COUNTY, INC.. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$43.75. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 213A00023882

Carolyn Lewis Regulatory Specialist II

COVER LETTER

* TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Spiritual Assembly of Bahais of Polk County, IN
DOCUMENT NUMBER: 746492
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Nader Ashchi
(Name of Contact Person)
(Firm/ Company)
PO Box 659 Lake Alfred, FL 33850
(Address)
(City/ State and Zip Code)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Nader Ashchi #1904 309 1795
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
☐ \$35 Filing Fee & ☐\$43.75 Filing Fee & ☐\$52.50 Filing Fee
Certificate of Status Certified Copy Certificate of Status
(Additional copy is Certified Copy enclosed) (Additional Copy is
Enclosed) (Additional Copy is
Mailing Address Amendment Section Amendment Section Division of Corporations Street Address Amendment Section Division of Corporations
Amendment Section Amendment Section
Division of Corporations Division of Corporations Clifton Building
Tallabasee, F1, 32314 Cinton Bunding 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently	filed with the F	Invide Dent. of State)			
opiritual Assembly	of Bah		County, INC	# 74649	2
Pursuant to the provisions of section 617.10 amendment(s) to its Articles of Incorporation		ntes, this <i>Florida Not For F</i>	rofit Corporation adopts	the following	
A. If amending name, enter the new nam	e of the corpor:	ution:			
Spiritual Assembly name must be distinguishable and contain to "Company" or "Co," may not be used in to	he word "corpoi	is of Polk Cov	nty East, In	CThe new	
B. Enter new principal office address, if (Principal office address MUST BE A STI	applicable:	<u>S</u>)			
C. Enter new mailing address, if applica (Mailing address <u>MAY BE A POST OF</u>		PO Box 6	59	SEC FALL	
		Lake Alfre	d, FL	OCT 24 CRETARY LAHASSEE	APPRO AN FILE
D. If amending the registered agent and/ new registered agent and/or the new registered agent agent agent agent agent and/or the new registered agent agen			ter the name of the	AM 9: 4 'OF STAT 'E. FLORI	D VE
Name of New Registered Agent:				40X 30X 64	
New Registered Office Address:		(Florida snieet address)			
	(Cit	ry	(Zin Ci	orle)	

Signature of New Registered Agent, if changing

Thereby accept the appointment as registered agent. Tam familiar with and accept the obligations of the position.

New Registered Agent's Signature, if changing Registered Agent:

Page 1 of 4

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 = Treasmer; S = Secretary, D = Director; TR = Trustee, C = Chairman or Clerk; CEO = Clief Executive Officer: CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasmer, 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	V Mil	n <u>Doe</u> te Jones <u>y Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		N/A	
Add Remove			
2) Change		_N/A	
Add		Ma	
3) Change		<u> </u>	
Remove		A) / A	
4) Change		N/A	
Remove			
5) Change		N/A	
Remove		.1.70	
δ) Change	<u></u>	N/A	
Remove			

(a l tach additional v	heets, if necessary).	(Be specific)			
N	/A				
Not	gmend	ing_or	addir	ig art	icles
			· · · · · · · · · · · · · · · · · · ·		
			"		
	bin	·	-,,		
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g va Sa		APPO
The date of each amendment(s) ad	option:	if other than the
date this document was signed.		FILED
Effective date if applicable:		13000
	(no more than 90 days after amendment file date)	SECRETARY OF STATE amendment(s)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	THASSEE, FLOSTATE
The amendment(s) was/were ad was/were sufficient for approva	opted by the members and the number of votes east for the \imath l.	mendment(s)
There are no members or memb	ers entitled to vote on the amendment(s). The amendment(s	s) was/were
Dated Oct	8/2013	
Signature 4/	1	
(By the chair have not bee	nan or vice chairman of the board, president or other officer n selected, by an incorporator – if in the hands of a receiver ppointed fiduciary by that fiduciary)	
, —Na	der S. Ashchi (Typed or printed name of person signing)	
Chairma	an or clerk, Director	