# 156450

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### COVER LETTER

TO: Amendment Section Division of Corporations King Solomon United Baptist Church, Inc. NAME OF CORPORATION: DOCUMENT NUMBER: \_\_\_\_\_ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Patricia A, Royland (Name of Contact Person) King Solomon United Baptist Church, Inc. (Firm/ Company) 2240 Forest Street (Address) Jacksonville, Fl 32204 (City/ State and Zip Code) into@ksubc.org E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Patricia A. Royland (Name of Contact Person) (Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee \$\Bigcup \\$43.75 Filing Fee & Certificate of Status Certified Copy □\$52.50 Filing Fee Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed)

### **Mailing Address**

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## Street Address

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

# Articles of Amendment to Articles of Incorporation of

King Solomon United Baptist Church, Inc.				
(Name of Corporation	n as curre	ently filed with	the Florida Dept. of	State)
756450				
(Docu	ment Nun	nber of Corporat	ion (if known)	
Pursuant to the provisions of section 617,1006, Floamendment(s) to its Articles of Incorporation:	orida Statu	ites, this <i>Florida</i>	ı Not For Profit Corp	poration adopts the follow
A. If amending name, enter the new name of th	e corpor:	ation:		
N/A				
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam	d "corpor <u>e</u> .	ration" or "inco	rporated" or the abb	The n reviation "Corp." or "Inc
B. Enter new principal office address, if applica	thle:	N/A		
(Principal office address MUST BE A STREET A	DDRESS	<u> </u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX</u> )	N/A		
		<del></del>		<del></del>
		<del>-</del>	<del></del>	
			<u> </u>	
). If amending the registered agent and/or regis	stered off	ice address in I	lorida, enter the na	me of the
new registered agent and/or the new register	ed office	address:		<del>-</del>
Name of New Registered Agent:	N/A ———	<del></del>	<u>.</u>	
Many Province of Office 4.11.	<del></del>	(Florido street address)		'exx)
New Registered Office Address:				
			<del></del>	_, Florida
		(City)		(Zip Code)
lew Registered Agent's Signature, if changing R	legistered	l Agent:		
hereby accept the appointment as registered agent	i. 1 am ja	imiliar with and	accept the obligation	s of the position
-		Signature of New	Registered Agent, if	chanoling L
		•	a maring	
				L AUG 23 CARASSI
		Page 1 of 4		AUG 23 FARTHARY E
				To E

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	PT         John I           V         Mike J           SV         Sally S	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	<u>TR</u>	Rev. Romald V. Walters	11632 Dunes Way Dr. N Jackson Ville, Fl 3222
2) Change Add			
Remove 3) Change Add			
Remove Change Add Remove			
51 Change Add			
Remove 6) Change Add Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)
This Florida Not For Profit Corporation adopted the following articles of amendments to it's Articles of Incorporation by
a 2/3 majority vote of members attending a legally called meeting on January 17, 2017:
Amendment Adopted: Article VIII - Trustees
The Board of Trustees will be composed of the the following officers and members:
1. President - Chairman of Board of Deacons
2. Vice President - Vice Chairman of Board of Deacons
3. Secretary - Church Treasurer
4. Member - Church Pastor
5. Member from congregation
6 Member from congregation
7. Member from congregation

	January 17, 2017	
The date of each amendment(s) ac	loption:	, if other than the
late this document was signed.		( it other than the
Janu Effective date <u>if applicable</u> :	nary 17, 2017	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo locument's effective date on the De	ock does not meet the applicable statutory filing requirements, this date will not partment of State's records.	t be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were ac was/were sufficient for approva	dopted by the members and the number of votes cast for the amendment(s) al.	
There are no members or members adopted by the board of directors	bers entitled to vote on the amendment(s). The amendment(s) was/were ors.	
Dated 8/4	117  Almos vice chairden of the hourt side of the formation of the formati	
Signature (12)	of Jameson	
have not bee	man or vice chairman of the board, president or other officer-if directors on selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	_
Joseph Sa	ampson	
	(Typed or printed name of person signing)	
President		
	(Title of person signing)	