757531

(Re	equestor's Name)	
(Ad	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	MAIT	MAIL
(B	usiness Entity Name)	
(D	ocument Number)	
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COVER LETTER

TO: Amendment Section

Division of Corporations Colencoe Baptist Church NAME OF CORPORATION: 757521 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Donna Ware
(Name of Contact Person) Celencae Baptist Church, Inc 96 N. Glencoe Road New Smyrna Beach, FL 32168 (City/State and Zip Code) E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Onna Wave at 386-428-3959
(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 & ☐ \$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) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

		20.
	Articles of Amendment to	Ton Mr.
	Articles of Incorporation	49 7/20
0	of D , A C	with, Inc. "
	nece Daptist Chi	
(Name of Corporation	as currently filed with the Florida Dept	of State)
	757521	<u> </u>
(Docum	nent Number of Corporation (if known)	·
Pursuant to the provisions of section 617.1006, Floramendment(s) to its Articles of Incorporation:	rida Statutes, this <i>Florida Not For Profit</i> (orporation adopts the following
A. If amending name, enter the new name of the	corporation:	
		The new
name must be distinguishable and contain the word	l "corporation" or "incorporated" or the	
"Company" or "Co," may not be used in the name	<u>e</u> .	
B. Enter new principal office address, if applica		
(Principal office address <u>MUST BE A STREET A</u>	DDRESS)	
	-	
		<u> </u>
C. Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE I</u>	<u> </u>	
D. If amending the registered agent and/or regis		name of the
new registered agent and/or the new register	ed office address:	
Name of New Registered Agent:	Donald H. Spo	WKS
	2907 Hardy	Ave.
New Registered Office Address:	(Florida street	aldress)
HER REGISTER Office Hauress.	1)2025 la. 1	(1 2011 9
	New Smyrna Beach	Florida PL 32168
		(zip Code)
New Registered Agent's Signature, if changing R I hereby accept the appointment us registered agent	egistered Agent:	
increo, accept the appointment as registered agent	. 1 am jamular wun ana accept the oblige	nions of the position.
_	Signature of New Registered Agen	t, if changing

address of each Offic (Attach additional she Please note the officer P = President; V= Vic	er and/or Directets, if necessary) Idirector title by ee President; T= O = Chief Finan	tor being added: the first letter of the office title: Treasurer; S= Secretary; D= Director; T cial Officer. If an officer/director holds n	officer/director being removed and title, name, and R= Trustee; C = Chairman or Clerk; CEO = Chief nore than one little, list the first letter of each office
	leaves the corpo	ration, Sally Smith is named the V and S.	as the PST and Mike Jones is listed as the V. There is These should be noted as John Doe, PT as a Change.
Example: X Change X Remove X Add	<u>V</u> <u>Mi</u>	in Doe ke Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	TR	Duane Decker	2190 Swoope Dr. New Smyrna Beach FL 32168
2) Change Add	TR	Darry Hayashi	Edgewater
Remove 3) Change Add			FL 32141
Remove 4) Change Add			
Remove Change Add			
Remove			
6) Change			

____ Add

__ Remove

F. If amending or adding additional Articles, enter change(s) here:	
(attach additional sheets, if necessary). (Be specific)	
	-
	-
	<u> </u>
	_

The date of each amendment(s) addate this document was signed.	option: $\frac{1}{30}$, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)
Note: If the date inserted in this blo document's effective date on the De	ck does not meet the applicable statutory filing requirent partment of State's records.	nents, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ac was/were sufficient for approve	opted by the members and the number of votes cast for l.	the amendment(s)
There are no members or mem adopted by the board of directors	pers entitled to vote on the amendment(s). The amendmers.	ent(s) was/were
Dated	10/4/2017	
Signature		
have not be	man or vice chairman of the board, president or other of in selected, by an incorporator – if in the hands of a rece ppointed fiduciary by that tiduciary)	
	Donald H. Sparks (Typed or printed name of person signing	7)
	(Title of person signing)	1 Trustee