763026

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: FIRST COAST CHURCH OF	= CHRIST, INC.
DOCUMENT NUMBER: 763026	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
NATHANIEL H. McCRAY (Name of Contact Person)	
(Firm/ Company)	
5419 WALDRON ST. (Address)	
FERNANDINA BEACH FL. 320 (City/ State and Zip Code)	34
first coast cace yahoo. com E-mail address: (to be used for future annual report notification	
For further information concerning this matter, please call:	2 / 8
NATHANIEL H. McCRAY at (904) (Name of Contact Person) (Area Code)	472-8868
(Name of Contact Person) (Area Code) Enclosed is a check for the following amount made payable to the Florida Department of S	olate:
Certificate of Status Certified Copy Certificate of Status Certified Copy is Certified	Filing Fee cate of Status ed Copy ional Copy is sed)

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, FI. 32301

Articles of Amendment to Articles of Incorporation

(Name of Corporation as curren	ntly filed with the Florida Dept. of State)
7630	026
(Document Numb	D2 (Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statut amendment(s) to its Articles of Incorporation:	tes, this Florida Not For Profit Corporation adopts the followin
A. If amending name, enter the new name of the corporat	tion:
name must be distinguishable and contain the word "corpora	The new ation" or "incorporated" or the abbreviation "Corp." or "Inc."
"Company" or "Co." may not be used in the name.	·
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	P.O. BOX 1502
	CALLAHAN, FL. 3201
	د. د
D. If amending the registered agent and/or registered offinew registered agent and/or the new registered office a	
	ATHANIEL H. MCCRAY
_54	FIG WALDRON ST.
New Registered Office Address:	(Florida street address)
FERN	LANDINA BEACH . Florida 32034 (City) (Zip Code)
	(Zip Coae)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa	
W. A.	tem H. Mular
	Signature of New Registered Agent if changing

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 Do V Mike Jo SV Sally Sr	ones	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add Remove	VD_	HARRIS, JOHN	2839 ARMSDALE RD. N. JACKSOHVILLE, FL 32218
2) Change Add Remove	_ D	LEONARD, JOE	44420 MARY SAULS CIR. CALLAHAN, FL. 32011
Add Remove	<u>5D</u>	MCCRAY, NATHANIEL	5419 WALDRON ST. FERNANIDA BCH, FL 3203
4) Change Add Remove	D	JORDAN, TYRON	11024 TRACI LYNN DR. JACKSONVILLE, FL. 32208
5) 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)
H/A
-

	date of each amendment(s) this document was signed.	adoption:	/A		_, if other than the
	ective date <u>if applicable</u> :	N/A	n 90 days after amendment f	Sto Jura	
	e: If the date inserted in this lument's effective date on the l	block does not meet the	e applicable statutory filing r	requirements, this date will not b	e listed as the
Ade	option of Amendment(s)	(CHECK O	<u>NE</u>)		
X	The amendment(s) was/were was/were sufficient for appro	adopted by the memb	ers and the number of votes	cast for the amendment(s)	
	There are no members or me adopted by the board of dire		on the amendment(s). The a	mendment(s) was/were	
	Dated	1-26-20	2/2//		
	have not		an of the board president or accorporator if in the hands oby that fiduciary)		-
	1	LENNET!	H MAYFIEL ed or printed name of persor	n signing)	
	-	PRESID	ENT - DIREC	TOP.	