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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION | FIRST COAST CH | URCH OF CHRIS | T, INC. | | |
|-------------------------------|---|--|-----------------------------|--|---|
| | 763026 | | | | |
| DOCUMENT NUMBER: | | | | | |
| The enclosed Articles of An | nendment and fee are subr | mitted for filing. | | | |
| Please return all correspond | ence concerning this matte | er to the following: | | | |
| NATHANIEL H. MCCRAY | • | • | | | |
| | | (Name of Contact F | Person) | | |
| | | | | | |
| | | (Firm/ Compan | ıy) | | |
| 5419 WALDRON ST. | | | | | |
| | | (Address) | | | _ |
| FERNANDINA BEACH, F | FLORIDA 32034 | | | | |
| | | (City/ State and Zip | Code) | · · · · · · · · · · · · · · · · · · · | |
| firstcoastcoc@yahoo.con | 1 | | | | |
| F | -mail address: (to be used | for future annual re | port notificatio | n) | |
| For further information conc | erning this matter, please | call: | | | |
| NATHANIEL H MCCRAY | | a | 904 | 472-8868 | |
| | (Name of Contact Person | | | (Daytime Telephone Number) | |
| Enclosed is a check for the t | oflowing amount made pa | yable to the Florida | Department of | State: | |
| ■ \$35 Filing Fee | □\$43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Fee Certified Copy (Additional copy enclosed) | Certil is Certil (Add | 50 Filing Fee ficate of Status fied Copy itional Copy is osed) | |
| Mailing Address | | Street Address | | | |

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

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

Articles of Amendment to Articles of Incorporation of

| FIRST COAST CHURCH OF CHRIST, INC. | 01 | |
|---|----------------------------|---|
| (Name of Corporation as curren | ntly filed with the | Florida Dept. of State) |
| 763026 | | |
| (Document Numb | per of Corporation | (if known) |
| Pursuant to the provisions of section 617,1006, Florida Statut amendment(s) to its Articles of Incorporation: | es, this <i>Florida No</i> | t For Profit Corporation adopts the following |
| If amending name, enter the new name of the corporate N/A | tion: | <i>Th.</i> , |
| name must be distinguishable and contain the word "corpora" "Company" or "Co," may not be used in the name. | uion" or "incorpoi | The new ated" or the abbreviation "Corp." or "Inc." |
| B. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u> | N/A) | |
| C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>) | N/A | 2018 JUN 18 PH SECRE FARY OF JALLAHASSEE. F |
| If amending the registered agent and/or registered offinew registered agent and/or the new registered office and/or the new rea | | ि उ |
| Name of New Registered Agent: N/A | | |
| New Registered Office Address: | | (Florida street address) |
| N/A | | , Florida |
| | (City) | (Zip Code) |
| New Registered Agent's Signature, if changing Registered Thereby accept the appointment as registered agent. I am fa | | cept the obligations of the position. |

Page 1 of 4

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: $\frac{X}{X}$ Change $\frac{X}{X}$ Remove $\frac{X}{X}$ Add | ge | <u>PT</u> <u>V</u> <u>SV</u> | John Doo Mike Jor Sally Sm | <u>nes</u> | |
|--|--------|------------------------------|----------------------------------|--------------|------------------------|
| Type of A (Check O | | <u>Title</u> | | <u>Name</u> | Address |
| 1) (| Thange | D | _ | HARRIS, JOHN | 2839 ARMSDALE RD. N. |
| <u>x</u> | | | _ | | JACKSONVILLE, FL 32218 |
| 1 | Remove | | | | |
| 2) (| Thange | | - | | |
| | Add | | | | |
| 1 | Remove | | | | |
| 3) | Change | | - | | |
| | Add | | | | |
| 1 | Remove | | | | |
| 4) (| Thange | | _ | | |
| | Add | | | | |
| 1 | Remove | | | | |
| 5)(| Change | | _ | | |
| / | Add | | | | |
| 1 | Remove | | | | · |
| | | | | | |
| 6)(| Change | | - | | |
| | Add | | | | |
| 1 | Remove | | | | |

| E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) | | | | |
|---|--|--|--|--|
| (attach additional sheets, if necessary). (Be specific) | | | | |
| N/A | | | | |
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| N/A | |
|---|---------------------|
| he date of each amendment(s) adoption: | , if other than the |
| . N/A | |
| ffective date if applicable: | |
| (no more than 90) days after amendment file date) | |
| ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not ocument's effective date on the Department of State's records. | be listed as the |
| doption of Amendment(s) (CHECK ONE) | |
| The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval. | |
| 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 JUNE 11, 2018 | |
| Signature (By the chairman or vice chairman of the board, president of 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) | _ |
| NATHANIEL H. MCCRAY | |
| (Typed or printed name of person signing) | |
| SECRETARY/ DIRECTOR | |
| (Title of person signing) | |