763408

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
,

Office Use Only



900160354629

09/08/09--01024--002 **35.00

Amers/M

09 SEP -8 PM 12: 07

SECRETARY OF STATE DIVISION OF SURPORATIONS



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:Christ	Church on Cove	Rd., Inc.
DOCUMENT NUMBER: 76340	8	
The enclosed Articles of Amendment and fee are sub	bmitted for filing.	
Please return all correspondence concerning this mat	eter to the following:	
Bryan Cro	f Contact Person)	
Christ Chu	arc L n/ Company)	
4175 S.F. C.	ove Rd. Address)	
Styart, FL (City/Sta	3 4 9 9 7 ate and Zip Code)	
E-mail address: (to be use	thetorch.net	on)
For further information concerning this matter, pleas	se call:	
Bryan Craw Ford (Name of Contact Person)	at (- 2109 Telephone Number)
Enclosed is a check for the following amount made	payable to the Florida Department o	of State:
□\$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporation Clifton Building 2661 Executive Center (

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

OF SECRETARY OF STATE OP SEP -0	
09 SEP -8 PM 12: 07	ŝ

763408		he Flori d a Dept. of State)	
	Number of Corporation	on (if known)	
rsuant to the provisions of section 617.10 following amendment(s) to its Articles of		this Florida Not For Profe	it Corporation adopts
If amending name, enter the new nam	e of the corporation	<u>ı:</u>	
Torch - South be new name must be distinguishable and previation "Corp." or "Inc." "Company			orated" or the
Enter new principal office address, if	applicable:	4175 SE C	ove Rd.
incipal office address <u>MUST BE A STR</u>		Stuart, FL	34997
Enter new mailing address, if applica	ble:		0.1
(Mailing address <u>MAY BE A POST OF</u>	FFICE BOX)	4175 SE CON Stuart, FL	re Kd.
		Stuart, FL	Z4497
If amending the registered agent and/ new registered agent and/or the new r	or registered office	address in Florida, enter	
new registered agent and/or the new r	or registered office	address in Florida, enter	
	or registered office	address in Florida, enter	
new registered agent and/or the new r	or registered office registered office add	address in Florida, enter	
<u>Name of New Registered Agent:</u>	or registered office registered office add	address in Florida, enter lress: da street address)	the name of the
<u>Name of New Registered Agent:</u>	or registered office registered office add	address in Florida, enter lress:	the name of the
<u>Name of New Registered Agent:</u>	or registered office registered office add	address in Florida, enter lress: da street address) (City) gent:	the name of the Florida (Zip Code)

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Add☐ Remove
			Remove
E. If amen (attach d	ding or adding additional Andditional sheets, if necessary	rticles, enter change(s) here:). (Be specific)	
	<u></u>		

The date of each amendment(s) adoption: 9-2-09
(date of adoption is required)
Effective date if applicable:
(no more than 90 days after amendment file date)
Adoption 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 9-2-09 Signature Ryan H. Cranful
Signature
Bryan H. Crawford (Typed or printed name of person signing)
(Title of person signing)
(Title of person signing)