## 163447

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SECRETARY AT STATE OF THE STATE

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## **COVER LETTER**

TO: Amendment Section Division of Corporations Morningside Evangelical Friends 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: Amy Sanders (Name of Contact Person) Morningside Church (Firm/ Company) 2180 SE Morningside Blvd (Address) Port St Lucie, FL 34952 (City/ State and Zip Code) amy@morningsidechurch.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 335-5166 Amy Sanders (Daytime Telephone Number) (Name of Contact Person) 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 Certificate of Status Certified Copy (Additional copy is Certified Copy

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

(Additional Copy is

Enclosed)

## Articles of Amendment Articles of Incorporation of .

•	of .		6
Morningside Evangelical Friends Church, Inc.	,		影响
(Name of Corporation as curre	ntly filed with the Flori	da Dept. of State)	- B
763447			
(Document Num	ber of Corporation (if kn	own)	Che:
Pursuant to the provisions of section 617.1006, Florida Status amendment(s) to its Articles of Incorporation:	tes, this <i>Florida Not For</i>	Profit Corporation	adopts the following
A. If amending name, enter the new name of the corpora	tion:		
N/A			The ne
name must be distinguishable and contain the word "corpora	ation" or "incorporated	" or the abbreviatio	n "Corp." or "Inc.
"Company" or "Co," may not be used in the name.  B. Enter new principal office address, if applicable:	N/A		
Principal office address MUST BE A STREET ADDRESS	()		
			<del></del>
Enter new mailing address, if applicable:	N/A		
(Mailing address MAY BE A POST OFFICE BOX)			
		<u> </u>	
D. If amending the registered agent and/or registered offi	ice address in Florida, e	enter the name of t	<u>he</u>
new registered agent and/or the new registered office	address:		
Name of New Registered Agent: N/A			
New Registered Office Address:	(Flo	rida street address)	
N/A			
		, Floric (Zir	da o <i>Code)</i>
	·	,—. <b>,</b>	•
iew Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am fa		he obligations of the	e position.
			r
	Signature of New Registe		ing

## 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	<u>V</u> <u>Mil</u>	n <u>Doe</u> ke Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	TR	David Haskett	1185 SW Jacqueline Ave
Add			Port St Lucie, FL 34953
X Remove			
2) Change	TR	Thomas L. Crawford	1880 Tilton Road
X Add			Port St Lucie, FL 34952
Remove			
3 ) Change	TR	Orlan Thomas	2717 SE Fall Street
X Add			Port St Lucie, FL 34952
Remove			<del></del>
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Art (attach additional sheets, if necessary).	(Be specific)	<u>ere</u> .		
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The date of each amendment(s) :	04/11/2018	, if other than the
late this document was signed.	taoption.	
04/ Effective date if applicable:	/11/2018	
and application.	(no more than 90 days after amendment fil	e date)
Note: If the date inserted in this be document's effective date on the D	lock does not meet the applicable statutory filing re- epartment of State's records.	quirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were was/were sufficient for approx	adopted by the members and the number of votes caval.	ast for the amendment(s)
There are no members or mer adopted by the board of direct	nbers entitled to vote on the amendment(s). The amtors.	nendment(s) was/were
01/14/201 Dated	9	
Signature () 4/3	1/ 2/ sinoles	
have not b	irman or vice chairman of the board, president or or or selected, by an incorporator – if in the hands of appointed fiduciary by that fiduciary)	
Jeff He	inold	
	(Typed or printed name of person s	signing)
Secretai	ry	
	(Title of person signing	)