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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION MARINER BOYLEVARD CHURCH OF CHRIST
DOCUMENT NUMBER: # 764556
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Please return all correspondence concerning this matter to the following: Janes D. Dixad Sa (Name of Contact Person)
MARINER BOULEVARD CHURCH OF CHRIST W. (Firm/Company)
8171 CHAUCER DR. (Address)
Weaki Wachte Ft. 34607 (City/ State and Zip Code)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
TANES DINON Sr. at 352 - 346-9244 (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 \$\Bigcup \\$43.75 Filing Fee \& \Bigcup \\$43.75 Filing Fee \& \Certificate of Status Certificate of Status (Additional copy is enclosed) \$\Bigcup \\$35 Filing Fee \& \Bigcup \\$52.50 Filing Fee \& \Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

MARINER BOULEVARD CHURCH OF CHOPSY, INC
(Name of Corporation as currently filed with the Florida Dept. of State)
(Document Number of Corporation (if known)
(Document Number of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
name must be distinguishable and contain the word "corporation" 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 MAY BE A POST OFFICE BOX)
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:
Name of New Registered Agent JALLES D. VINOR SR.
817) CHAUCER TR. (Florida sireei address)
New Registered Office Address:
Spring Hill Florida Fl. 34607 (City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the abligations of the position.
James (Light S.
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 <math>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 A Add		Doe Jones Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
Change Add Remove	TERA-	TR. Kim Perry	Spring Hice Fl. 34611
2) Change Add	TR	MICHAEL DAVIS	16061 SCAUP Duck Rd. BROOKSUILLE, Rd.
Remove 3) Change Add	TR-T	JAMES D. DIXANSI.	SPITUL HILL FI.
— Remove 4) Change Add	R-TR	VAN WEMACK	37221 ORANGEVAULYLAND APT 1
Remove 5) Change Add	TR	GARY WOMACK	DADE CITY FL 33525 11348 SUN Rd DADE CITY FL. 33525
Remove 6) Change Add Remove			

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The state of each amendment(s) adopt	tion:	, if other than the
date this document was signed.		, other trials trib
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block of document's effective date on the Depart	does not meet the applicable statutory filing requirements, this date will not ment of State's records.	ot be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopt was/were sufficient for approval.	ted by the members and the number of votes cast for the amendment(s)	
There are no members or members adopted by the board of directors.	entitled to vote on the amendment(s). The amendment(s) was/were	
Dated <u>5/2</u>	3/2017	
Signature	un Dijin D.	
have not been s	n or vice chairman of the board, president or other officer-it directors elected, by an incorporator – if in the hands of a receiver, trustee, or binted fiduciary by that fiduciary)	
JAM	(Typed or printed name of person signing)	
TRE	ASULTER - REGISTERED (Title of person signing)	ALIENT
	3372291	