764556

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	ARD CHURCH OF	CHRIST, IN	C.
764556 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are subm	itted for filing.		
Please return all correspondence concerning this matter	to the following:		
Kim C Perry			
(Name of Contact Pers	son)	
MARINER BOULEVARD CHURCH OF CHRIST, IN	NC.		
	(Firm/ Company)		, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,
3 Seasons MHP, 21253 Yontz Rd, # 94			
	(Address)	,	
Brooksville, FL 34601			
(0	City/ State and Zip Co	ode)	
kimperry1792@gmail.com			
E-mail address: (to be used f	or future annual repor	rt notification	n)
For further information concerning this matter, please ca	all:		
Kim C Perry	at	352	410-1792
(Name of Contact Person)	(.	Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made paya	able to the Florida De	partment of	State:
\$35 Filing Fee \$\sum \text{Certificate of Status}\$	1\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	O 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	Amer Divis Clifte	et Address indment Section of Corporn Building Executive C	rations

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corporation	as currently filed w	th the Florida Dept. of S	State)
764556	nas carrenty incom	the florida pept. of t	<u>State</u>)
(Docu	ment Number of Corpo	oration (if known)	
Pursuant to the provisions of section 617.1006, Floamendment(s) to its Articles of Incorporation:	orida Statutes, this <i>Flor</i>	ida Not For Profit Corpo	oration adopts the following
A. If amending name, enter the new name of th	e corporation:		
	. •		The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam		icorporated" or the abbr	eviation "Corp." or "Inc."
B. Enter new principal office address, if applica	ıble:		
(Principal office address <u>MUST BE A STREET A</u>			
			3 % 3
		<u> </u>	
C. Enter new mailing address, if applicable:	DOW.		
(Mailing address MAY BE A POST OFFICE	<u>BOX</u>)		<u> </u>
·			<u> </u>
			58
D. If amending the registered agent and/or registered agent and/or the new registered.		n Florida, enter the nar	ne of the
	Kim C Perry		
Name of New Registered Agent:			.
	3 Seasons MHP, 212	53 Yontz Rd, # 94 Brook	cville, FL
New Registered Office Address:		(Florida street addre	ess)
1100 Register eu Office Huar ens.	Brooksville		34601
	(City)		, Florida (Zip Code)
	(City)		(Lip Code)
New Registered Agent's Signature, if changing land the land in the		and accept the obligation	s of the position.
<u>*</u>	Um C. F	(say	
	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	<u>V</u> <u>M</u>	hn Doe ike Jones Ily Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	RT-T	James D. Dixon Sr	8171 Chaucer Dr.
Add			Spring Hill, FL
X Remove			34607
2) Change	P-T	Van Womack	37221 Orange Valley Lane, Apt.1
Add			Dade City, FL
x Remove			33525
3) Change	TR	Gary Womack	11348 Sun Rd.
Add			Dade City, FL
x Remove			33525
4) Change	TR-T	Kim C Perry	3 Seasons MHP, 21253 Yontz Rd, #
x Add			Brooksville, FL
Remove			34601
(5) Change	TR	Michael Davis	16061 Scaup Duck Rd.
x Add			Brooksville, FL
Remove			34114
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)		
N/A		
The Third of the Control of the Cont		

The date of each amendment(s date this document was signed.) adoption:	_, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirements, this date will not be Department of State's records.	e listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/wer was/were sufficient for app	e adopted by the members and the number of votes cast for the amendment(s) roval.	
There are no members or madopted by the board of dis	embers entitled to vote on the amendment(s). The amendment(s) was/were ectors.	
Dated June 4,	2017	
Signature 💉 🖔	mi C. Very	
have no	hairman or vice chairman of the board, president or other officer-if directors been selected, by an incorporator – if in the hands of a receiver, trustee, or urt appointed fiduciary by that fiduciary)	
Kim	С Реггу	
	(Typed or printed name of person signing)	
Trea	surer - Registered Agent, Trustee	
	(Title of person signing)	