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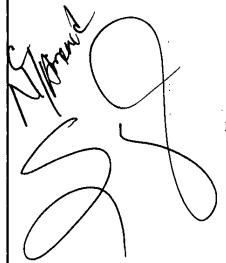
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PICK-UP	☐ WAIT	MAIL		
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Certified Copies	_ Certificates	of Status		
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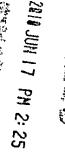


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EXFECTIVE DATE





COVER LETTER

' TO: Amendment Section
Division of Corporations

NAME OF CORP	ORATION: St. Luke F	reewill Baptist C	hurch INC.
DOCUMENT NU	mber: <u>N 0000000 60</u>	61	
The enclosed Articl	es of Amendment and fee are submit	tted for filing.	
•	respondence concerning this matter	_	
	Jessie L. Randle (Name of Co	ntact Person)	
		ompany)	
13	335 SW Mc Farlan (Add	Iress)	riveren - security de tales - sale
L	ake City Fl 3: (City/ State a	nd Zip Code)	
B	E-mail address: (to be used for	outh. Net or future annual report notification	on)
For further informa	tion concerning this matter, please ca	ill:	
Jessie L.	Rendie e of Contact Person)	at (386) 466 - 7 (Area Code & Daytime	G46 Ce// Telephone Number)
Enclosed is a check	for the following amount made pays	able to the Florida Department of	f 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)
Am Div P.C	iling Address endment Section ision of Corporations b. Box 6327 lahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	ircle

to Articles of Incorporation (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporatio the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation" 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: New Registered Office Address: (Florida street address) Florida_ (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 obligations of the position.

Articles of Amendment

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
	(☐ Add ☐ Remove
			☐ Add Remove
		$-\sqrt{\frac{1}{2}}$	☐ Add ☐ Remove
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E. If amer (attach	nding or adding additional A additional sheets, if necessary	Articles, enter change(s) here: b). (Be specific)	
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The date of each amendment(s) adoption: JUNE	14 2010
	adaption is required)
	rys after amendment file date)
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the members an was/were sufficient for approval.	d the number of votes cast for the amendment(s)
There are no members or members entitled to vote on the adopted by the board of directors.	e amendment(s). The amendment(s) was/were
Dated <u>June 14,2010</u> Signature	Thurst -
(By the chairman or vice chairma	on of the board, president or other officer-if directors corporator – if in the hands of a receiver, trustee, or y that fiduciary)
Jessie L. (Typed or printe	<u>Pan d/e</u> d name of person signing)
Director (Title of n	erson signing)