N00238

(Req	uestor's Name)	
(Addı	ess)	
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(City/	State/Zip/Phone	e #)
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FICEU SECRETARY OF STATE STONE OF CORPORATIONS

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Harborside	Christian Church, Inc.		
DOCUMENT NUMBER:			
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee	e are submitted for filing.		
Please return all correspondence concerning	this matter to the following	द :	
Matthew Ternes			
	(Name of Contac	et Person)	
Harborside Christian Church, Inc.			
	(Firm/ Comp	pany)	
2200 Marshall Street			
	(Address	5)	
Safety Harbor/FL 34695			
**************************************	(City/ State and Z	Zip Code)	
mattternes@harborsidechurch.org			
E-mail address: (to	o be used for future annual	report notificatio	n)
For further information concerning this matte	er, please call:		
Matthew Ternes		727 at	726-0202
(Name of Contac	:t Person)		(Daytime Telephone Number)
Enclosed is a check for the following amount	made payable to the Flori	da Department of	State:
□ \$35 Filing Fee □\$43.75 Filing Certificate of		Certif py is Certif	0 Filing Fee ficate of Status fied Copy tional Copy is osed)
Mailing Address		Street Address	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

HARBORSIDE C	HRISTIAN CHI	12CH INC.
(Name of Corporation as currently filed with th	e Florida Dept. of State)	
>	V///238	
(Docur	ment Number of Corporation (if	known)
Pursuant to the provisions of section 617.1006, Flo amendment(s) to its Articles of Incorporation:	orida Statutes, this Florida Not	For Profit Corporation 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	d "corporation" or "incorpora <u>e</u> .	ted" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A		
		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<i>BOX</i>)	
D. If amending the registered agent and/or reginew registered agent and/or the new register		la, enter the name of the
	Matthew Ternes	
Name of New Registered Agent:		
	2200 Marshall Street	
New Registered Office Address:		(Florida sireet address)
- Contract of the Contract of	Safety Harbor	Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered ager		pt the obligations of the position.
-	Signature of New Reg	istered 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	PT John Do V Mike Jo SV Sally Sr	nes	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change Add	<u>V</u>	Dean McSpadden	2200 Marshall Street Safety Harbor, FL, 34695
× Remove			
2) Change Add	<u>V</u>	Matthew Ternes	2200 Marshalll Street Safety Harbor, FL, 34695
Remove Change Add Remove			
4) Change Add	<u></u>		
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or additional sheet		icles, enter change(s) here: (Be specific)	
	<u> </u>		
-			
	<u> </u>		
			

		
		
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The date of each amendment(s) adopti-	on:, i	f other than the
date this document was signed.		
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block do document's effective date on the Department.	oes not meet the applicable statutory filing requirements, this date will not be I ment of State's records.	isted as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopte was/were sufficient for approval.	ed by the members and the number of votes cast for the amendment(s)	

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 July 31, 2022
Signature Link A. Palla
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or
other court appointed fiduciary by that fiduciary)
Kurt Parker
(Typed or printed name of person signing)
President
(Title of person signing)