## ND1000000404

(Re	questor's Name)		
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Certified Copies	cument Number) Certificates	of Status	-
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DEPARTMENT OF STATE
DIVISION OF CORPORATION
2018 MAR 18 AN II: 2



C.COULLIETTE

MAR 18 2010

**EXAMINER** 

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

	•		
		-RICAN COMMUNIT	Y CHURCH OF
O ACKSONVI DOCUMENT NUM	LLE FL IBER! NOLO	00000464	
The enclosed Article.	s of Amendment and fee are sul		•
Please return all corre	espondence concerning this mat	tter to the following:	
Pa	STOR NAPOLEON (Name of	R. KALA f Contact Person)	<del></del>
		1UNITY CHURCH  Ompany)	
P.C	D. Bry 52293	Address)	
		FL 31261-2 te and Zip Code)	
		DM d for future annual report notifical	
	on concerning this matter, pleas		
ASTOR NAP	OLEDN R. KARR	at ( <u>904</u> ) <u>766 ~</u> (Area Code & Daytim	7984
(Name	of Contact Person)	(Area Code & Daytim	e Telephone Number)
Enclosed is a check for	or the following amount made p	payable to the Florida Department	of State:
₹3.\$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)
	ng Address dment Section	Street Address Amendment Section	is choloseuj

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

## Articles of Amendment to Articles of Incorporation

FIRST AFRICAN COMMUNITY CHURCH OF TACKSONILLE FI (Name of Corporation as currently filed with the Florida Dept. of State)
NDI DDDDDDJAH (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:
The new 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)  LETT LESSARD CIRCLE
TACKSONVILLE, FL 32208
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  TACKS PANNILLE, F. 32201
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)  (City)  (Florida street address)  (Zip Cate)
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.
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>	Name /	Address	Type of Action
<del></del>	M/A		
<del></del>	N/A		Remove
	NA		
E. If amer (attach d	nding or adding additional Articl additional sheets, if necessary).	(Be specific)	
	` ` 1	•	
<u></u>			
		+	

The date of each amendment(s) a	idoption: MARCH 14, Zoto
	(date of adoption is required)
Effective date if applicable:	
	(no more than 90 days after amendment file date)
	,
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ad was/were sufficient for approval	dopted by the members and the number of votes cast for the amendment(s)
There are no members or membadopted by the board of director	bers entitled to vote on the amendment(s). The amendment(s) was/were rs.
	•
Dated MAI	RCH 18, 2010
Signature A	Lan
have not	chairman or vice chairman of the board, president or other officer-if directors t been selected, by an incorporator — if in the hands of a receiver, trustee, or
other cou	urt appointed fiduciary by that fiduciary)
	IAPOLEON R. KARR
/	(Typed or printed name of person signing)
<del>-/</del> /	ASTOR PRESIDENT
	(Title of person signing)

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