NO100000 3615

(Re	equestor's Name)	
(Ad	ldress)	
DA)	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	rsiness Entity Nar	me)
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(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to		
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COVER LETTER

TO: Amendment Section

Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Crosswaje Community Church, Inc. NAME OF CORPORATION: _ NO100000 3615 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Crosswaye Community Church
(Firm/Company) Carpenter Rd thus ville, FL 32796 (City/ State and Zip Code) For further information concerning this matter, please call: at 321 - 261 - 5388 (Area Code) (Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: ☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional copy is (Additional Copy is enclosed) Enclosed) Mailing Address Street Address Amendment Section Amendment Section

Division of Corporations Clifton Building

Tallahassee, FL 32304

2661 Executive Center Circle

Articles of Amendment to Articles of Incorporation of

	icch, Inc.	
(Name of Corporation as currently file	ed with the Florida Dept. of State)	
N 010000036		.
(Document Number of C	Corporation (if known)	
Pursuant to the provisions of section 617,1006, Florida Statutes, this amendment(s) to its Articles of Incorporation:	Florida Not For Profit Corporation adopts the	following
A. If amending name, enter the new name of the corporation:		
	"Cam"	_The new
name must be distinguishable and contain the word "corporation" o "Company" or "Co." may not be used in the name	or invorporated in the antivestation Comp. (n m.
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)		
C. Enter new mailing address, if applicable:	Ξ_c	
(Mailing address MAY BE A POST OFFICE BOX)		<u></u>
		<u> </u>
		27
		<u>*</u>
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres	s:	
<u></u>	Tose do Hamais	 ယ ()
Name of New Registered Agent: 1 CKE	1) C PI	<u> </u>
	N Carpenter La	
New Registered Office Address:		
litusvi	$\frac{327}{(2ip)}$. Florida $\frac{327}{(2ip)}$	96
——————————————————————————————————————	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>	
I hereby accept the appointment as registered agent. I am familiar	and acceptable obligations of the position.	
\mathcal{N}	126 Au	
Sanatu	re 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	PT John I V Mike SY Sally	Jones .	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add	Trea	Jonathan Motzbach	77 N Carpenter Rd Thusville, GL 32796
X Remove			
2) Change Add	Agent	John U Wright	77 N) Carpenter 2d Thusville, FL 32796
	Trea	Joerson Allen	77 N Carpenter ed Thusville, Ri. 32796
Remove 4) Change Add	<u>-</u> _		MOV 27 KM 9: 3
Remove 5) Change Add	***************************************		
Remove 6) Change Add Remove			

If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)		
		<u> </u>
		
	<u> </u>	
		<u> </u>
		
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	date of each amendment(s) adoption	n: 10/13/19	, if other than the
	this document was signed.	(no more than 90 days after amendment fil	e date)
	e: If the date inserted in this block do ument's effective date on the Departn	es not meet the applicable statutory filing re	quirements, this date will not be listed as the
Ade	option of Amendment(s)	(<u>CHECK ONE</u>)	
	The amendment(s) was/were adopte was/were sufficient for approval.	d by the members and the number of votes co	ast for the amendment(s)
X	There are no members or members of adopted by the board of directors.	ntitled to vote on the amendment(s). The an	nendment(s) was/were
	Dated 11 14	19	
	Signature August	5 kata	there of the an it dispositions
	have not been se	or vice chairman of the board, president or o ected, by an incorporator – if in the hands of nted fiduciary by that fiduciary)	f a receiver, trustee, or
		Morthy Stalet	
		(Typed or printed name of person	signing)
		Secretory (Title of person signing	19 ROV 2
			7 AH 9: 38