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I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations ۶

NAME OF CORPORAT	ION:	OMMUNITY CHUR	CH, INC.	
DOCUMENT NUMBER:	N01000004006			
The enclosed Articles of Ai	mendment and fee are subi	mitted for filing.		
Please return all correspond	dence concerning this matte	er to the following:		
LANA CUNNINGHAM				
		(Name of Contact Pe	erson)	
REDEEMER COMMUNIT	TY CHURCH PCA, INC.			
		(Firm/ Company	·)	
PO BOX 127				
		(Address)		
OCALA, FL 34478				
	1	(City/ State and Zip (Code)	
OVERFORK3@EMBARQ	MAIL.COM			
E	-mail address: (to be used	for future annual rep-	ort notification	n)
For further information conc	erning this matter, please of	eall:		
LANA CUNNINGHAM		at	352	351-1499
	(Name of Contact Person)		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the fe	ollowing amount made pay	able to the Florida D	epartment of S	State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & □ Certificate of Status	343.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	D Filing Fee cate of Status ed Copy ional Copy is scd)
Mailing A	ddress	C		

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

Street Address
Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

	Artic	to cles of Incorporation	
,	AT CIC	of of	
CENTERPOINT COMMUNITY CHURCH, INC		ently filed with the Florida Dept. of State) observed the formula of the florida Dept. of State of Corporation (if known)	The same
(Name of Corporation	as curre	ently filed with the Florida Dept. of State)	ويهنب
N01000004006		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	7 <u>/</u>
(Docum	nent Num	nber of Corporation (if known)	<u> </u>
Pursuant to the provisions of section 617.1006, Floramendment(s) to its Articles of Incorporation:	rida Statu	ates, this Florida Not For Profit Corporation adopts the follows:	owing
A. If amending name, enter the new name of the	corpora	ition:	
REDEEMER COMMUNITY CHURCH PCA, INC			
name must he distinguishable and contain the word "Company" or "Co." may not be used in the name	"corpora	The attion" or "incorporated" or the abbreviation "Corp." or "i	" пск: Inc. "
B. Enter new principal office address, if applical	ble:	401 SE 19 AVE	
(Principal office address <u>MUST BE A STREET A</u>	<u>DDRESS</u>	OCALA, FL 34471	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	8 <i>0X</i>)	PO BOX 127	
		OCALA, FL 34478	
D. If amending the registered agent and/or regist new registered agent and/or the new registered Name of New Registered Agent:	ered offi d office a	ce address in Florida, enter the name of the address:	<u> </u>
- -	401 SE 19	9 AVE	—
New Registered Office Address:		(Florida street address)	
(CALA	51 34471	
-	 -	(City) Florida (Zip Code)	
ew Registered Agent's Signatura is character to	_1_4 . •	(24) 5000	
ew Registered Agent's Signature, if changing Re hereby accept the appointment as registered agent.	gistered I am fan	Agent: miliar with and accept the obligations of the position.	
	Siz	ignature 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>Mik</u>	n <u>Doe</u> te Jones y <u>Şmith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	DEACO	SEAN GRAY	3423 E SILVER SPRINGS BLVD
Add			SUITE 2A
X Remove			OCALA, FL 34470
2) Change	DEACO	TIMOTHY J GLOETZNER	401 SE 19 AVE
X Add			OCALA, FL 34471
Remove			
3) X Change	P		401 SE 19 AVE
Add			OCALA, FL 34471
Remove			
4) X Change	S		401 SE 19 AVE
Add			OCALA, FL 34471
Remove			
5) X Change	<u>T</u>		401 SE 19 AVE
Add			OCALA, FL 34471
Remove			
6) Change			
Add			
Remove			

attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)
•,	(be specifie)
·	
	
	
	
	
<u></u>	
	

TL	o due ut u t	5/21/18	
dat	te date of each amendment(s) adoption this document was signed.	on:	if other than th
	5/21/18 fective date <u>if applicable</u> :		
	м аррисари.	(no more than 90 days after amendment file date)	
Nn	ter If the date incorred in this block to	•	
doc	cument's effective date on the Departm	nes not meet the applicable statutory filing requirements, this date will not sent of State's records.	be listed as the
۸d	option of Amendment(s)	(CHECK ONE)	
	The amendment(s) was/were adopted was/were sufficient for approval.	i by the members and the number of votes east for the amendment(s)	
	There are no members or members er adopted by the board of directors.	ntitled to vote on the amendment(s). The amendment(s) was/were	
	Dated		
	Signature Lane	Curualic	
	nave not been sele	r vice chairman of the board, president or other officer-if directors ected, by an incorporator – if in the hands of a receiver, trustee, or sted fiduciary by that fiduciary)	_
	LANA CUNNI	NGHAM	
		(Typed or printed name of person signing)	
	TREASURER		
		(Title of person signing)	