

NO1000000 4372

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO: Amendment Section**  
**Division of Corporations**

NAME OF CORPORATION: The Rock of Central Florida, Inc  
DOCUMENT NUMBER: N01000004372

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Steven Parker	Name of Contact Person
The Rock of Central Florida	Firm/ Company
6641 W State Road 46	Address
Sanford, Florida 32771	City/ State and Zip Code
admin@therockofcf.org	E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Steven Parker 407 865-1597  
 \_\_\_\_\_ at ( \_\_\_\_\_ ) \_\_\_\_\_  
 Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of 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)

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

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



2020 OCT 16 PM 9:38

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 25, 2020

STEVEN PARKER  
6641 W STATE ROAD 46  
SANFORD, FL 32771

SUBJECT: THE ROCK OF CENTRAL FLORIDA, INC.  
Ref. Number: N01000004372

We have received your document for THE ROCK OF CENTRAL FLORIDA, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 620A00018476

Articles of Amendment  
to  
Articles of Incorporation  
of

The Rock of Central Florida, INC,  
(Name of Corporation as currently filed with the Florida Dept. of State)

NO1000004372

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* 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)

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: \_\_\_\_\_

\_\_\_\_\_  
(Florida street address)

New Registered Office Address:

\_\_\_\_\_  
(City)

Florida

\_\_\_\_\_  
(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.*

\_\_\_\_\_  
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)

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action  
(Check One)

Title

Name

Address

- |   |           |                       |  |
|---|-----------|-----------------------|--|
| 1) <input checked="" type="checkbox"/> Change<br><input checked="" type="checkbox"/> Add              | <u>ST</u> | <u>GASTON GLASGOW</u> | <u>602 BERKS CT</u><br><u>ORLANDO, FL 32935</u>                  |
| <input type="checkbox"/> Remove   |           |                       |  |
| 2) <input type="checkbox"/> Change<br><input checked="" type="checkbox"/> Add                         | <u>T</u>  | <u>RYANNE GRAHAM</u>  | <u>1905 EDGEBROOK CIRCLE APT 101</u><br><u>SANFORD, FL 32771</u> |
| <input type="checkbox"/> Remove   |           |                       |  |
| 3) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input type="checkbox"/> Remove |           |                       |  |
| 4) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input type="checkbox"/> Remove |           |                       |  |
| 5) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input type="checkbox"/> Remove |           |                       |  |
| 6) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input type="checkbox"/> Remove |           |                       |  |

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary) (Be specific)

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☒ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

- ☐ 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 8/6/2020

Signature Steven L. Parker

(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)

STEVEN L PARKER  
(Typed or printed name of person signing)

PRESIDENT  
(Title of person signing)