## N01000005194

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SECRETARY OF STATE DIVISION OF CORPORATIONS



## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	DRATION: SOUTH C	County Christian	Fellowship, Inc
DOCUMENT NUM	iber: <u>NO 1000</u>	005194	
The enclosed Article	es of Amendment and fee are sub	mitted for filing.	
Please return all core	respondence concerning this matte	er to the following:	
	Kathryi (Name of	n Holmes Contact Person)	<u> </u>
	South Count (Firm)	Christian Fel	llowship
	10632 Naviga	tion Dr address)	
	Riverview, Fl (City/State	33579 e and Zip Code)	
	8 Herock@ E-mail address: (to be used	tampabay, rr. I for future annual report notifi	COM ication)
For further informati	on concerning this matter, please	call:	
Katha (Name	un Holmes e of Contact Person)	at ( <u>613</u> ) <u>756</u> (Area Code & Day	8-34010 time Telephone Number)
Enclosed is a check	for the following amount made pa	ayable to the Florida Departme	ent 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)
Ame Divi P.O.	ing Address Indiment Section Ission of Corporations Box 6327 Ishassee, FL 32314	Street Address Amendment Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	tions ter Circle

SECRETARY OF STATE DIVISION OF CORPORATIONS

## Articles of Amendment to Articles of Incorporation

09 AUG 19 PM 12: 30

South County (Name of Corporation as cur	y Chuistian Fellowship Fently filed with the Florida Dept. of Stat	Inc.
NOLOOC (Document Nu	umber of Corporation (if known)	
Pursuant to the provisions of section 617.1006 the following amendment(s) to its Articles of		ofit Corporation adopts
A. If amending name, enter the new name  The Rock of F  The new name must be distinguishable and abbreviation "Corp." or "Inc." "Company"	RIVERVIEW, Inc.	porated" or the
B. Enter new principal office address, if ap (Principal office address MUST BE A STRE		
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF		
D. If amending the registered agent and/or new registered agent and/or the new reg		r the name of the
Name of New Registered Agent:		-
New Registered Office Address:	(Florida street address)	-
	(City)	_, Florida (Zip Code)
New Registered Agent's Signature, if chans I hereby accept the appointment as register position.	ging Registered Agent: ed agent. I am familiar with and accep	t the obligations of the
_	Signature of New Registered Agent, if char	1ging

## 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>	<u>Name</u>	Address	Type of Action
			Add Remove
	<del>-</del>		
E. If amen	ding or adding additional Ar dditional sheets, if necessary).	ticles, enter change(s) here: (Be specific)	
		·	
		:	
		,	,

The date of each amendment(s) a	idoption: <u>5 - 16 - 09</u>
• •	(date of adoption is required)
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ac was/were sufficient for approva	lopted by the members and the number of votes cast for the amendment(s) l.
There are no members or mem adopted by the board of director	bers entitled to vote on the amendment(s). The amendment(s) was/were ors.
	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
	ourt appointed fiduciary by that fiduciary)
	Byron B. Holmes
	(Typed or printed name of person signing)
	President
	(Title of person signing)