NOI 000005489

(Requ	uestor's Name)	
(Addr	ess)	
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(City/	State/Zip/Phon	e #)
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SECRETARY OF STATE
TALLAHASSEF TATE

AB

COVER LETTER

TO: Amendment Section Division of Corporations

FISHHAWK FELLO	
	and Carthan
The enclosed Articles of Amendment and fee are sub-	nitted for filing.
Please return all correspondence concerning this matter	er to the following:
BARBARA NIXON	
	(Name of Contact Person)
FISHHAWK FELLOWSHIP CHURCH	
	(Firm/ Company)
15326 FISHHAWK BLVD.	
	(Address)
LITHIA. FL 33547	
	(City/ State and Zip Code)
BNIXON@FISHHAWKFC.ORG	
E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, please	call:
BARBARA NIXON	813 655-7431 at
(Name of Contact Person	
Enclosed is a check for the following amount made pa	iyable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & ☐\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is Enclosed)
Mailing Address	Street Address

Mailing Address

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

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

Articles of Amendment to Articles of Incorporation

of

FISHHAWK FELLOWSHIP, INC.

FILED

(Name of Corporation as currently filed with the	e Florida Dept, of State)	2021 FEB 18	P# 12: 51
N01000005489		SECRETARY	· · · · · · · · · · · · · · · · · · ·
(Docum	nent Number of Corporation	(if known)AHA	OF STATE SSEF. FI
Pursuant to the provisions of section 617.1006, Floamendment(s) to its Articles of Incorporation:			· -
A. If amending name, enter the new name of the	e corporation:		
	· · · · · · · · · · · · · · · · · · ·		The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam	<u>e</u> .		reviation "Corp." or "Inc."
B. Enter new principal office address, if applica	ble:	+	
(Principal office address MUST BE A STREET A			
		 	
		<u></u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX) NIA	_	
(Maining data est MIT BETT TOOT OF THE			
			
D. If amending the registered agent and/or regi	stered office address in Flo	orida, enter the n	ame of the
new registered agent and/or the new register	DANIEL BUTSON		
Name of New Registered Agent:	5923 ESKER FALLS LN.		
	5923 ESKER FALLS LN.	(Florida street ada	
New Registered Office Address:		(1 tortua street uuu	(63)
	Lithia		_, Florida <u>33597</u> (Zip Code)
	(City)		(Zip Code)
New Registered Agent's Signature, if changing I	Registered Agent:		
I hereby accept the appointment as registered agen	1. I am familiar with and a	ccept the obligation	ns of the position.
	() and	V Ja	
-	Signature of New B	Registered Agent, i	fchanging

and address of each Off (Attach additional sheets, Please note the officer/di P = President: V = Vice I	icer and/ if necess rector titl President; = Chief F	e by the first letter of the office title: T= Treasurer; S= Secretary; D= Director; TR= Tru inancial Officer. If an officer/director holds more tha	stee: C = Chairman or Clerk; CEO = Chief
Changes should be noted a change, Mike Jones lea Mike Jones, V as Remove	ves the co	lowing manner. Currently John Doe is listed as the Forporation, Sally Smith is named the V and S . These sly Smith, SV as an Add.	PST and Mike Jones is listed as the V. There is hould be noted as John Doe, PT as a Change,
Example: XChange X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) × Change Add	<u>S</u>	GUILLERMO SUAZO	2204 PARKWOOD DRIVE VALRICO, FL 33594
Remove 2) Change Add			
Remove 3) Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
		onal Articles, enter change(s) here: essary). (Be specific)	
	N	<u>A</u>	

•	
	-
	
	·
The date of each amendment(s) adoption:	:, if other than th
date this document was signed.	
Effective date if applicable:	no more than 90 days after amendment file date)
(n	no more than 90 days after amendment file date)
Note: If the date inserted in this block does document's effective date on the Departmen	not meet the applicable statutory filing requirements, this date will not be listed as the at of State's records.
Adoption of Amendment(s) ((CHECK ONE)
—	d to the most sent to the first terms of
The amendment(s) was/were adopted by was/were sufficient for approval.	by the members and the number of votes cast for the amendment(s)

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
Signature By the chairman or vice chairman of the board, president or other officer-if directors
(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)
(Typed or printed name of person signing)
(Title of person signing)