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COVER LETTER

TO: Amendment Section Division of Corporations

CALVARY CHAPI		ANDO
N0100007030		<u> </u>
DOCUMENT NUMBER:		
The enclosed Articles of Amendment and fee are submit	ted for filing.	
Please return all correspondence concerning this matter t	o the following:	
MICHAEL SILVA		
()	lame of Contact Persor	n)
CALVARY CHAPEL SOUTH ORLANDO		
	(Firm/ Company)	
PO BOX 620875		
	(Address)	
ORLANDO, FLORIDA 32862-0875		
(C	City/ State and Zip Code	e)
MIKESILVA@CALVARYCHAPI	EL.COM	
E-mail address: (to be used for	or future annual report	notification)
For further information concerning this matter, please ca	11:	
MIKE SILVA	407	721-5903
(Name of Contact Person)	at ((Area Co	ode & Daytime Telephone Number)
Enclosed is a check for the following amount made paya	ble to the Florida Depa	urtment of State:
	\$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	Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

CALVARY CHAPEL SOUTH ORLANDO

(Name of Corporation as currently NO1000007030	filed with the Flo	orida Dept. of State)	
(Docu	ment Number of C	orporation (if known)	, , , , , , , , , , , , , , , , , , ,
Pursuant to the provisions of section 617.10 imendment(s) to its Articles of Incorporation		es, this <i>Florida Not For Profit Cor</i>	poration adopts the followi
A. If amending name, enter the new name	ne of the corporat	ion:	
name must be distinguishable and contain	the word "corpora	ition" or "incorporated" or the abb	The nebreviation "Corp." or "Inc
<i>'Company" or "Co." may not be used in t</i> B. Enter new principal office address, if		5609 DELANO LANE	
Principal office address MUST BE A STREET ADDRESS		ORLANDO, FL 32821	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		PO BOX 620875	₽ 0
		ORLANDO, FL 32862-08	75 ω
		<u></u>	
). If amending the registered agent and			ame of the
new registered agent and/or the new Name of New Registered Agent:	MICHAEL SIL		
5609 DELANC		O LANE	_
New Registered Office Address:		(Florida street address)	
	ORLANDO	, Floric	32821 ia
	(City)		(Zip Code)
New Registered Agent's Signature, if characteristic hereby accept the appointment as register			ons of the position.
XII.	Signature of New	Registered Agent, if changing	_

Page 1 of 4

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 Doe ce Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Р	CHARLES B. NESTOR II	14034 ENTRADA LANE
Add			ORLANDO, FL 32827
X Remove			
2) Change	Р	MICHAEL SILVA	5609 DELANO LANE
X Add	<u> </u>		ORLANDO, FL 32821
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			<u>.,.,</u>
Add			
Remove			

If amending or adding additional Arti (attach additional sheets, if necessary).	(Be specific)
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The date of each amendment(s) a date this document was signed.		, if other than the
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were a was/were sufficient for approv	adopted by the members and the number of votes cast for the amendment(s) val.	
☐ There are no members or mem adopted by the board of direct	nbers entitled to vote on the amendment(s). The amendment(s) was/were tors.	
Dated	Suf 22, 2013	
Signature	hal lesto I	
(By the chain have not be	irman or vice chairman of the board, president or other officer-if directors een selected, by an incorporator – if in the hands of a receiver, trustee, or t appointed fiduciary by that fiduciary)	
	Lharles Nestor I	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	