

NO1000008570

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

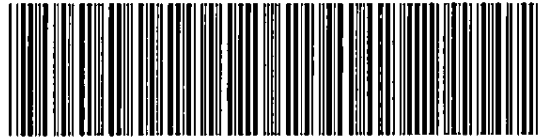
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

*our form or yours had
can't be Articles of
Incorporation*

Office Use Only



200401430162

01/30/23--01014--019 **\$2.50

FILED

2023 APR 24 PM 4:39

SECRETARY OF STATE
TALLAHASSEE, FL

Name Change

MAY 16 2023

D CUSHING



January 26, 2023

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

Re: Community of Hope Church Corporate Name Change

Attn: Amendment Section

As you may know, the United Methodist Church is splitting nationwide. Our church has made the determination that we will no longer be part of the United Methodist Church system. We still remain a church in the same location with no changes; same pastors, same staff and the same congregation. We just are required to remove "United Methodist Church" from our name. Our new name will be Community of Hope Church South Florida, Inc.

Attached is our completed Florida Department of State, Division of Corporations form CR2E009 showing the changes we are making. Also attached is a revised Articles of Incorporation to reflect the name change.

Thank you for processing. If you have any questions, please do not hesitate to contact me.

Blessings,

A handwritten signature in black ink, appearing to read "Arch Johnston".

Arch Johnston
Executive Director of Church Administration
Cell: 727-204-6506

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2023 APR 24 PM 4:39
SECRETARY OF STATE
TALLAHASSEE, FL





April 19, 2023

Diane Cushing
Senior Section Administrator
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Community of Hope, A United Methodist Congregation, Inc.
Ref. Number N01000008570
Letter Number: 523A00007657

Enclosed please find a new Articles of Amendment Form showing only our name change from Community of Hope, A United Methodist Congregation, Inc. to Community of Hope Church South Florida, Inc. I've also included a copy of your letter dated April 7, 2023 as per the instructions. We previously sent the filing fees of \$52.50.

Thank you in advance for processing this change of name as quickly as possible.

Blessings,

A handwritten signature in cursive script, reading "Archie L. Johnston".

Archie L. Johnston
Exec. Director of Church Administration
Community of Hope

Enclosures

RECEIVED
APR 24 2023



COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Community of Hope, A United Methodist Congregation., Inc.

DOCUMENT NUMBER: N01000008570

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

Please return all correspondence concerning this matter to the following:

Arch Johnston

(Name of Contact Person)

Community of Hope

(Firm/ Company)

14055 Okeechobee Blvd.

(Address)

Loxahatchee, FL 33470

(City/ State and Zip Code)

arch@communityofhope.church

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Arch Johnston

727

204-6506

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:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

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2023 APR 24 PM 4:39
SECRETARY OF STATE
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 7, 2023

ARCH JOHNSON
COMMUNITY OF HOPE
14055 OKEECHOBEE BVD
LOXAHATCHEE GROVE, FL 33470

SUBJECT: COMMUNITY OF HOPE, A UNITED METHODIST
CONGREGATION, INC.
Ref. Number: N01000008570

We have received your document for COMMUNITY OF HOPE, A UNITED METHODIST CONGREGATION, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You cannot submit articles of amendment and articles of incorporation. You need to submit just the amendment form or you can file Amended and Restated Articles.

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.

Diane Cushing
Senior Section Administrator

Letter Number: 523A00007957

Articles of Amendment
to
Articles of Incorporation
of

(Name of Corporation as currently filed with the Florida Dept. of State)

Community of Hope, A United Methodist Congregation, Inc.

(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:

Community of Hope Church South Florida, Inc.

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:

N/A

*(Principal office address **MUST BE A STREET ADDRESS**)*

C. Enter new mailing address, if applicable:

N/A

*(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:

N/A

(Florida street address)

New Registered Office Address:

Florida

(City)

(Zip Code)

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2023 APR 24 PM 4:40
SECRETARY OF STATE
TALLAHASSEE, FL

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:

<u>X</u> Change	<u>PT</u>	<u>John Doe</u>
<u>X</u> Remove	<u>V</u>	<u>Mike Jones</u>
<u>X</u> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____

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

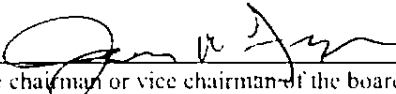
(attach additional sheets, if necessary). (Be specific)

N/A

☐ 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 April 19, 2023

Signature 
(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)

James Feyas

(Typed or printed name of person signing)

Chair of the Leadership Team

(Title of person signing)