ND200000327

(Re	equestor's Name)	
(Ad	ddress)	
(Ac	idress)	
(Cir	ty/State/Zip/Phone	: #)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
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ONVISION OF CORPORTAGENERS

Manch 8/015 (10/13/12

COVER LETTER

TO: Amendment Section **Division of Corporations** All Villages Presbyterian Church (USA), Inc The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: **Betty Shearer** (Name of Contact Person) All Villages Presbyterian Church (Firm/ Company) 1550 SW Heatherwood Blvd (Address) St Lucie West, FL 34986 (City/ State and Zip Code) E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State:

□\$43.75 Filing Fee & **■**\$43.75 Filing Fee &

Certified Copy

enclosed)

(Additional copy is

Certificate of Status

Mailing Address

\$35 Filing Fee

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

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

\$52.50 Filing Fee

Certified Copy

Certificate of Status

(Additional Copy is Enclosed)

Articles of Amendment



Art	of	12 HA
All Villages Presbyterian Church (USA), Inc	12 JUN / / AM //: /
(Name of Corporation as currently filed with the	Florida Dept. of State)	
N0200000327		
(Document Number of Co	rporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Sta amendment(s) to its Articles of Incorporation:	atutes, this <i>Florida Not For I</i>	Profit Corporation adopts the following
A. If amending name, enter the new name of the corpo	oration:	
All Villages Presbyterian Church, Ir	nc	The new
name must be distinguishable and contain the word "corp." "Company" or "Co." may not be used in the name.	poration" or "incorporated"	
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRE</u>	<u> </u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA	
D. If amending the registered agent and/or registered		nter the name of the
new registered agent and/or the new registered offi	ice address:	
Name of New Registered Agent:	_N/A	
New Registered Office Address:	(Florida street address)	
		, Florida
(0	City)	(Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I at		ne obligations of the position.
<u></u>	NA	
Signature of New R	Registered Agen t , if changing	

Page 1 of 4

and/or D	irector being added:	ame of each officer/d	lirector being removed and title, name, and
resident, Chief F	: T= Treasurer; S= Secretary; D inancial Officer. If an officer/dii	= Director; TR= Trus	
ves the c	orporation, Sally Smith is named	Doe is listed as the P the V and S. These sh	ST and Mike Jones is listed as the V. There is nould be noted as John Doe, PT as a Change,
<u>PT</u>	John Doe		
<u>V</u>	Mike Jones	/	
<u>sv</u>	Sally Smith		
Title	<u>Name</u>		<u>Addres</u> s
-			
*********	- /		
	and/or D if necess rector title resident, chief F r, Director in the fo ves the co and Sal	and/or Director being added: if necessary) rector title by the first letter of the office to the secretary; Director; T= Treasurer; S= Secretary; Director would Officer. If an officer/director would be PTD. in the following manner. Currently John wes the corporation, Sally Smith is named, and Sally Smith, SV as an Add. PT John Doe V Mike Jones SV Sally Smith	rector title by the first letter of the office title: President; T= Treasurer; S= Secretary; D= Director; TR= Trust Chief Financial Officer. If an officer/director holds more that Trust, Director would be PTD. In the following manner. Currently John Doe is listed as the P The set the corporation, Sally Smith is named the V and S. These sh The and Sally Smith, SV as an Add. PT John Doe V Mike Jones SV Sally Smith

If amending or adding additional Artic attach additional sheets, if necessary).	(Be specific)		A
			/s
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The date of each amendment(s) adoption: 4 3 13
Effective date if applicable: 4/3/12
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
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 43/12 Signature Betty Shearer
(By the chairman of 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)
Betty Shearer
(Typed or printed name of person signing)
Secretary
(Title of person signing)