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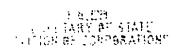
TO: Amendment Section Division of Corporations

20 JAN 27 AM 8: 44

NAME OF CORPORATION: Tour Corn	ers Baptist Church, Inc.
DOCUMENT NUMBER: NOROCO	0925
The enclosed Articles of Amendment and fee are subr	nitted for filing.
Please return all correspondence concerning this matter	er to the following:
April Polynice	(Name of Contact Person)
	(Name of Contact / Cison)
Four Curners Baptis	+ Church, Inc.
•	(Firm/ Company)
125 Cottonwood Dr.	
	(Address)
Davenport, FL	33837 (City/State and Via Code)
	(City/ State and Zip Code)
Secretary 4000 @ ama	for future annual report notification)
For further information concerning this matter, please	
April Polynice	at 32\ 946-5573 (Area Code) (Daytime Telephone Number)
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida Department of State:
ﷺ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address	Street 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



20 JAN 27 AM 8: 44

For Corners Buptist (Name of Corporation as currently filed with the	Chu	ch, Inc	
	Florida D	ept. of State)	
NO2000000 425			
(Docum	ient Numbe	er of Corporation (if ki	nown)
Pursuant to the provisions of section 617,1006. Flor amendment(s) to its Articles of Incorporation:	rida Statute	s, this <i>Florida Not Fo</i>	r Profit Corporation adopts the following
A. If amending name, enter the new name of the	corporati	on:	
NIV			The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name	"corporat	ion" or "incorporatea	" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applical (Principal office address MUST BE A STREET A.	<u>ble:</u> DDRESS)	HH	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	<u>BOX</u>)	N A	
D. If amending the registered agent and/or registered new registered agent and/or the new registered.			enter the name of the
Name of New Registered Agent:	sume		
	Same	L	orida street address)
New Registered Office Address:			
	MA		, Florida (Zip Code)
		(City)	(Zip Code)
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent	t <mark>egistered</mark> 1. – Lam fan	Agent: uiliar with and accept	the obligations of the position.
_	MA		rred Agent, if changing
	Sig	nature of New Registe	red 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: X Change X Remove X Add	<u>V</u> <u>Mik</u>	n <u>Doe</u> e Jones v <u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	_P_	Dohald Milfier	St High vista Dr Durenpurt, EL
X Remove 2) Change Add	<u> </u>	Katherine Millier	33837 SIR High Vista Dr Dowenpuct, FL
X Remove 3)	<u>P</u>	Tony McQueer	33837 2606 crest Dr. 140:005 City, EL. 33844
4) Change Add	_5_	April Polynice	5813 Windridge Dc. Winter Haven, FL
Remove 5) Change Add		Shirly Bunch	33/81 149 Sir Phillips Dr. Davempurt, FL.
Remove 6) Change Add			3383}
E. If amending or add (attach additional sh		Page 2 of 4 Articles, enter change(s) here:). (Be specific)	

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Page 3 of 4	
The date of each amendment(s) adoption: 11-10-2019	if other than the
date this document was signed.	, it other than the
Essenting date is Bankley 11 . 1/2 - 2 (2) 9	
Effective date if applicable: 11-10-2019 (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records.	e listed as the
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.	

Dated	1/21/2020
Signate	Tre your Porty
	(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)
	April Polynice (Typed or printed name of person signing)
	(Typed or printed name of person signing)

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