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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to I	Eiling Officer	
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Office Use Only



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SECRETARY OF STATE

MAR 2 1 2012 T. ROBERTS

COVER LETTER

TO: Amendment Section

Division of Corporations '
NAME OF CORPORATION: Victory Baptist Church of Citra, Inc
DOCUMENT NUMBER: NO 200001412
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Sarah Isaacs (Name of Contact Person)
Victory Baptiet Church of Citra, Inc
3760 NE 176 Street Rd (Address)
Citra FL 32113 (City/ State and Zip Code)
bc dctral Qgrail. Con E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Sarah T. Saacs at (352) 595-1388 (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:
\$35 Filing Fee U\$43.75 Filing Fee & U\$43.75 Filing Fee & Certificate of Status Certified Copy (Additional copy is enclosed) \$\begin{align*}
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

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Victory Ros	otist ()	Day of	Citra	In.
(Name of Corporation as currently	filed with the Flo	rida Dept. of State)		,
NOZODOO	21412			
1108000	Number of Corpora	ation (if known)		
(Bocument	tunior or corpore	atom (ii khomi)		
Pursuant to the provisions of section 617.10 amendment(s) to its Articles of Incorporation		s, this <i>Florida Not For Pr</i>	ofit Corporation ac	lopts the following
A. If amending name, enter the new nam	e of the corporati	on:		
nla				. The new
name must be distinguishable and contain t		ion" or "incorporated" o	r the abbreviation :	
"Company" or "Co." may not be used in to	<u>he name</u> .			
B. Enter new principal office address, if	annlicable:	0	λ	超 2 11
(Principal office address MUST BE A STI			· · · · · · · · · · · · · · · · · · ·	777
				· 多量 5 1。
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				70 =
C. Enter new mailing address, if applica (Mailing address MAY BE A POST OF		nla		97.0
(Maning address MAT BE A FOST OF	TICE BOX	4 1(-1		
		· · · · · · · · · · · · · · · · · · ·		
D. If amending the registered agent and/			er the name of the	
new registered agent and/or the new i	registered office ac	ddress:	1 .79	
Name of New Registered Agent:	Sarah	Sciacs		
•	17867 1		CitraFL	32113
-	11001	Florida street address)	<u>Chia</u>	000
New Registered Office Address:	,	· · · · · · · · · · · · · · · · · · ·	,	
			Elogido	
-	(City)		_, Florida (Zip Code)	
			,,,	
New Registered Agent's Signature, if cha I hereby accept the appointment as registered			ahlianiana afila n	naiting
т негеву иссері іне арронитені аз гедімег	ed agent. Tant jan	Mar wan ana accept the l	oonganons of the p	osition.
	an d	ses		
Signa	ture of New Regist	ered Agent, if changing	1	
-	To P	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	<u>PT</u> <u>John</u>	1 Doe	
X Remove	V Mike	e Jones	
X Add	<u>SV</u> <u>Sally</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change Add Remove	T	Muy Campbell	2851 East Huy 316 Citra FT 32113
2) Change Add Remove	S	Sarah Isaacs	17867 NE 24 Ave Citra FL 32113
3) Change Add Remove	TRIO	Michael Isaacs	17857 NE 24 AVE Citra FI 32113
4) Change Add Remove		· · · · · · · · · · · · · · · · · · ·	
5) Change Add Remove			
6) Change Add Remove			

<mark>If amending or adding ac</mark> attach additional sheets, ij	f necessary,). ् (Be spec	ific)					
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The	e date of each amendment(s) adoption: 3/7/2012 (1990) (1990) (1990) (1990)	e e e e e e e e e e e e e e e e e e e
Eff	cetive date if applicable: (no more than 90 days after amendment file date)	<u></u>
Ada	option of Amendment(s) (CHECK ONE)	
X	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 $3/7/2012$	
	Signature muchael Branco	·
	(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)	÷
	Michael Tsaacs (Typed or printed name of person signing)	·.
	Director and Trustee (Title of person signing)	••