## N02000005974

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	; #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





900219716779

01/27/12--01005--003 \*\*43.75

12 JAN 27 AHID: 52

SECRETARYOF STATE DIVISION OF CORPORATIONS

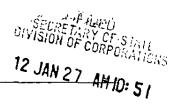
## **COVER LETTER**

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: A Family Chur	ch, Inc	). 
DOCUMENT NUMBER: N0200005974		
The enclosed Articles of Amendment and fee are submitted for fil	ing.	
Please return all correspondence concerning this matter to the following	owing:	
Peter Keirstead		
(Name of C	Contact Person	)
Thrive Community Church		
	Company)	
PO Box 214017		
(Ac	idress)	
South Daytona, FL 32121		
(City/ State	and Zip Code	)
christinamshultz@gma		
E-mail address: (to be used for future a	anual report n	otification)
For further information concerning this matter, please call:		
Christina Shultz	,386	, 257-4020
(Name of Contact Person)		de & Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the	Florida Depar	tment of State:
		□\$52.50 Filing Fee ficate of Status Certified Copy opy is cnclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Division Clifton l 2661 Ex	Address nent Section t of Corporations Building tecutive Center Circle tsee, FL 32301

## **Articles of Amendment** Articles of Incorporation of



A Family Church, Inc.

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

N02000005974

(Docume	ent Number of Corpo	ration (if known)	
Pursuant to the provisions of section 617 amendment(s) to its Articles of Incorpora		tes, this Florida Not For Profit Corporation adopts the following	
A. If amending name, enter the new n	ame of the corpora	t <u>ion:</u>	
Thrive Community C	Church, Inc	The ne	
name must be distinguishable and conta "Company" or "Co." may not be used i		ttion" or "incorporated" or the abbreviation "Corp." or "Inc	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>		6088 Summerlake Dr	
		Port Orange, FL	
		32127	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		PO Box 214017	
		South Daytona, FL	
		32121	
D. If amending the registered agent an new registered agent and/or the ne		ice address in Florida, enter the name of the	
Name of New Registered Agent		<u>audi 035.</u>	
Interior of Hen Registered rigent.	na/		
New Registered Office Address:		(Florida street address)	
	n/a	, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if a large lar	changing Registered stered agent. I am fa	Agent: miliar with and accept the obligations of the position.	
Sis	gnature of New Regis	stered 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.

X Change	<u>PT</u>	John De	oe	
X Remove	<u>y</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Si	mith_	
Type of Action (Check One)	Title		Name	Address
1) Change Add Remove	ASST	<del>-</del>	Temple Finn	265 Oleander PI Ormond Beach, FL 32174
2) Change Add Remove	<del></del>		·	
3) Change Add Remove		_		
4) Change Add Remove				
5) Change Add Remove		<del>-</del> .		
6) Change Add Remove		<b>-</b>		

E. If amending or adding additional Art (attach additional sheets, if necessary).	(Be specific)	s) here.	
n/a			
41.1.			- Constitution of the Cons
	<u> </u>		
	<u> </u>		
			-
	<del> </del>		
		<u> </u>	

Γhe	date of each amendment(s) adoption: 12-18-2011
	ective date if applicable: 1-1-2012
	(no more than 90 days after amendment file date)
<b>Ad</b> o	option 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 1/24/2012
	Signature All
	(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)
	Peter Keirstead
	(Typed or printed name of person signing)
	President
	(Title of person signing)