N0200005974

· (Re	equestor's Name)	
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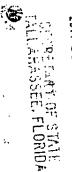
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Joneva



FILED

10 /10/14

COVER LETTER

Division of Corporations Thrive Community Church, Inc. N02000005974 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Christina Shultz, Administrator (Name of Contact Person) Thrive Community Church, Inc. (Firm/ Company) Post Office Box 214017 (Address) South Daytona, Florida 32121 (City/ State and Zip Code) christina@wearethrive.org E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Christina Shultz (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: □\$43.75 Filing Fee & □\$43.75 Filing Fee & ■ \$35 Filing Fee □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section ·

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

Enclosed)

Articles of Amendment to Articles of Incorporation of

ion FILED

Thrive Community Church, Inc.		2814 OCT 31 PH 4: 52		
(Name of Corporation as currentl	y filed with the Flo	rida Dept. of State)	- 2014 OC 1	IF STATE.
N02000005974			STATES E	FLORIUA
(Doci	ment Number of Co	orporation (if known)	TAL-	
Pursuant to the provisions of section 617.1 amendment(s) to its Articles of Incorporation		es, this <i>Florida Not For F</i>	Profit Corporation adop	ots the following
A. If amending name, enter the new na	me of the corporati	ion:		
n/a				The ne
name must be distinguishable and contain "Company" or "Co." may not be used in	•	tion" or "incorporated"	or the abbreviation "Co	orp." or "Inc.
B. Enter new principal office address, i	<u> </u>	n/a		
(Principal office address MUST BE A ST				
C. Enter new mailing address, if application (Mailing address MAY BE A POST C		n/a		
(maining anaress) <u>mirri 1927/17007-0</u>	ATTEB BOX			
D. If amending the registered agent and new registered agent and/or the new			iter the name of the	
	n/a	<u>uaress.</u>		
Name of New Registered Agent:			William Will	
	.	(Florida street address)		
New Registered Office Address:		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	n/a		, Florida	
	(City)		(Zip	Code)
New Registered Agent's Signature, if ch I hereby accept the appointment as registe			e obligations of the pos	ition.
	Signature of New	Registered Agent, if char	iging	

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 X Remove X Add		<u>Doe</u> <u>Jones</u> <u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	TRD	Gregory Novak	5111 S. Ridgewood Ave Ste 2020
Add			Port Orange, FL
Remove			32127
2) Change	TRT	Michael L. Sleaford	5301 S. Atlantic Ave #44
X Add			New Smyrna Beach, FL
Remove			32169
3)Change			
Add			
Remove			
4) Change			·
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)				
(attach additional sheets, if necessary).	(Be specific)			
n/a				
				
- · · · ·	· · · · · · · · · · · · · · · · · · ·			
6				
-				

The date of each amendment(s) adoption: 9/21/2014		, if other than the	
date	e this document was signed	9/21/2014	
Effective date <u>if applicable</u> :		(no more than 90 days after amendment file date)	
Add	option of Amendment(s)	(<u>CHECK ONE</u>)	
	The amendment(s) was/w was/were sufficient for ap	vere adopted by the members and the number of votes cast for the amendment(s) oproval.	
	There are no members or adopted by the board of a	members entitled to vote on the amendment(s). The amendment(s) was/were directors.	
	Dated 10/	28/2014	
	Signature		
	have i	chairman of vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)	
	Peter (C. Keirstead	
		(Typed or printed name of person signing)	
	Preside	ent	
		(Title of person signing)	