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COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: CALVARY CHAPEL OKEECHOBEE, INC.
DOCUMENT NUMBER: N 0 400000 3239
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
CARIOS AMADOR (Name of Contact Person)
CALVARY CHAPEL OF DKEECHOBEE (Firm/Company)
/ (Firm/ Company)
3535 NW 21 ST AVENUE
(Address)
DKEECHOBEE, FL 34972
(City/ State and Zip Code)
E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future afinual report notification)
For further information concerning this matter, please call:
Canlos AMADOR at (863) 623-5283
(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 Certificate of Status Certificate of Status Certificate of Status Certificate of Status (Additional copy is enclosed) Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address Amendment Section Street Address Amendment Section

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

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

•	Articles of Amendment	Pa - 183
(Name of Corporation as of O 4 0 0 0	to orticles of Incorporation of OKEE CHO BEE currently filed with the Florida De OO 3239 Number of Corporation (if known)	TNC. pt. of State)
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For Profi	t Corporation adopts the following
A. If amending name, enter the new name of the cor	1//2	The new
name must be distinguishable and contain the word "co "Company" or "Co," may not be used in the name.	rporation" or "incorporated" or th	e abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	RESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	N/A	
D. If amending the registered agent and/or registere new registered agent and/or the new registered o		the name of the
Name of New Registered Agent:		//
<u>New Registered Office Address</u> :	(Florida str	eet address)
		, Florida (Zip Code)
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent.	tered Agent: am familiar with and accept the obl	igations of the position.
	N Signature of New Registered As	1
	Signature of New Registered As	gent, 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: XChange X Remove X Add	PT John Do V Mike Jo SV Sally Sr	ones	
Type of Action (Check One)	Title	Name	Address
1) Change	<u>D</u>	JAMES P. GALLAGHER	2090 Spring Place VERO BEACH, FL 32963
Remove 2) Change Add	<u>)</u>	Albert M. HERNANDEZ	
Remove 3) Change Add	<u>D</u> _	GIDEON I. SANTUCHI	3535 NW 21 AVENUE OKEECHOBEE, FL 34972
Remove 4) Change Add Remove			
5) Change Add			
Remove 6) Change Add Remove		····	

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	e date of each amendment(s) adopte this document was signed.	tion:	, if other than the
Effe	ective date <u>if applicable</u> :		
		(no more than 90 days after amendment file date)	
	e: If the date inserted in this block of ument's effective date on the Depart	does not meet the applicable statutory filing requirements, this date will not ment of State's records.	be listed as the
Ado	option of Amendment(s)	(CHECK ONE)	
प	The amendment(s) was/were adopt was/were sufficient for approval.	ted by the members and the number of votes cast for the amendment(s)	
	There are no members or members adopted by the board of directors.	entitled to vote on the amendment(s). The amendment(s) was/were	
	Dated5_	28 - 2015	
	Signature	1100	
	have not been s	n or vice chairman of the board, president or other officer-if directors elected, by an incorporator – if in the hands of a receiver, trustee, or ointed fiduciary by that fiduciary)	
	_CA	(Typed or printed name of person signing)	
		(Typed or printed name of person signing)	
	,	President	(-
		(Title of person signing)	1
		; . .	