16TH COCCOPION

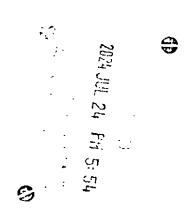
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07/24/24--01930--017 **61.25



COVER LETTER

TO: Amendment Section Division of Corporations MISSIBURY NAME OF CORPORATION: New ST. Paul DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: E-mail address: (to be used by future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy

(Additional copy is

enclosed)

Mailing Address

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

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Certified Copy

(Additional Copy is Enclosed)

Articles of Amendment

Aracic	S Of Amendment
Artiolog	to of Incorporation
Articles	of A
New ST. Paulmiss	Sionary Baptist Church Two
(Name of Corporation as currently filed with the Florida D	ept. of State
NO4000004721	
(Document Numbe	er of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes amendment(s) to its Articles of Incorporation:	s, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation	on:
	
	The new
name must be distinguishable and contain the word "corporati "Company" or "Co." may not be used in the name.	ion" or "incorporated" or the abbreviation "Corp." or "Inc."
Company or Co. may not be used in the name.	: ** ** ** ** ** ** ** ** ** ** ** ** **
3. Enter new principal office address, if applicable:	22
Principal office address <u>MUST BE A STREET ADDRESS</u>)	
•	
Enter new mailing address, if applicable:	: To IF.
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
	2 - 3 - 3 - 3 - 4 - 4 - 4 - 4 - 4 - 4 - 4
-	<u> </u>
 If amending the registered agent and/or registered office new registered agent and/or the new registered office ac 	
new registered agent and/or the new registered office ac	A B W
Name of New Registered Agent:	JNJ DYDWN
	50 FORNKIN START
_ ~ ~	(Florida street address)
New Registered Office Address:	, /
$\mathcal{L}_{\mathcal{A}}$	/-(u/N) 32234
	Girch Florida 32239
	(Cay) (Zip Code)
New Registered Agent's Signature, if changing Registered a	Agent:
hereby accept the appointment as registered agent. I am fan	miliar with and accept the obligations of the position.
_	

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, n	ıame,
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.

Mike Jones, V as Remove	2, and Sally Smith,	. SV as an Add.	
Example: X Change X Remove X Add	PT John E V Mike J SV Sally S	<u>ones</u>	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change Add	Trustee Le <u>g Co</u> n	Johnwie Addison	D 550 Franklingt BOLDWIN FL 32234
2) Remove Change Add	Trustee Zood Truste	Charles B. Brown;	St. 550 Franklin 57. Baldwin Fl. 32234
Remove 3) Remove Add Remove	Registe	r Edria Brown	550, FRANKLIN ST BOHWIN FL. 3223)
4) Change Add			
Remove			
Add Remove			
6) Change Add			
Remove			
E. If amending or additional shed		ticles, enter change(s) here: (Be specific)	•

1/A	
	•
	
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	<u> </u>
	
	
he date of each amendment(s) adoption: Fully 32, 324	, if other than the
ffective date if applicable: Fuly 22, 2024	
(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 listed as the

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

Signature

(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)

(Typed or printed name of person signing)

Register Agent

(Title of person signing)