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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Care fo	r Pastors, Inc		
N04000010	838		
DOCUMENT NUMBER:		<del></del>	
The enclosed Articles of Amendment an	d fee are submitted for filing.		
Please return all correspondence concern	ing this matter to the following:		
Kathleen V Rivers			
	(Name of Contact	Person)	
Care for Pastors, Inc			
· · · · · · · · · · · · · · · · · · ·	(Firm√ Compa	ny)	
1300 Citizens Blvd Suite 390			
	(Address)		
Leesburg, FL 34748		_	
	(City/ State and Zi	p Code)	
kathy@careforpastors.org			
E-mail addre	ss: (to be used for future annual r	eport notification	n)
For further information concerning this t	natter, please call:		
Kathleen V Rivers		3252 at	728-8179
(Name of C	ontact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following an	nount made payable to the Florid	a Department of	State:
	Filing Fee & \$\sum \$\\$43.75\$ Filing Fe ate of Status Certified Copy (Additional copenctorsed)	Certif y is Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)

Mailing Address

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

## Articles of Amendment Articles of Incorporation of

Artic	cles of Amendment to	rida Dept. of State)
Articl	es of Incorporation	1800
·	of	30
Care for Pastors, Inc		- Win
(Name of Corporation as curre	ently filed with the Flor	rida Dept. of State)
N0400010838		
(Document Nurr	iber of Corporation (if k	nown)
Pursuant to the provisions of section 617.1006, Florida Statumendment(s) to its Articles of Incorporation:	ites, this <i>Florida Not Fo</i>	or Profit Corporation adopts the following
A. If amending name, enter the new name of the corpora	ation:	
		The new
name must be distinguishable and contain the word "corpor	ration" or "incorporate	
"Company" or "Co." may not be used in the name.	1200 014 121 1	Suita 200
B. Enter new principal office address, if applicable:	1300 Citizens Blvd.	Suite 340
(Principal office address <u>MUST BE A STREET ADDRES</u> )	<b>S</b> ) Leesburg, FL 34748	
C. Enter new mailing address, if applicable:	1300 Citizens Blvd.	Suite 390
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	Leesburg, FL 34748	
	Eccodig. 1 E 54740	
D. If amending the registered agent and/or registered of	Tice address in Florida	enter the name of the
new registered agent and/or the new registered office		A Chief the name of the
Name of New Revistered Agent:		
	itizens Blvd Suite 390	
		Florida street address)
New Registered Office Address:	1-	
Leesbur	fg	, Florida 34748
	(City)	(Zip Code)
Name Descriptioned Agent's Signature if shanging Desistant	ad Auent	
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am	familiar with and accep	t the obligations of the position.
	Signature of New Regis	stered Agent, 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.

V Mike .	<u>Iones</u>	
<u>Title</u>	<u>Name</u>	<u>Addres</u> s
<u> </u>	JONATHIN WINNING hAM	1050 Clewhanbon Ci
•	,	WINTER GARDEN, FLA
		34787
<del>_</del>		
<del></del>		<u></u>
		<del></del>
	V Mike SV Sally S	V Mike Jones SV Sally Smith  Title Name

tach addi	tional sheets, if r	necessary). (I	ве specific)					
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	N/A		<del></del>					
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ľhe	ne date of each amendment(s) adoption:	, if other than the
late	te this document was signed.	
Eff	fective date if applicable:	
	(no more than 90 days after amendment file date)	
Not loc	<u>ote:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, seument's effective date on the Department of State's records.	this date will not be listed as the
Ad	doption of Amendment(s) (CHECK ONE)	
<b>I</b>	The amendment(s) was/were adopted by the members and the number of votes cast for the an was/were sufficient for approval.	nendment(s)
	There are no members or members entitled to vote on the amendment(s). The amendment(s) adopted by the board of directors.	was/were
	Dated 10/24/18	
	Dated 10/24/18 Signature Lounal D. Cont	
	(By the chairman or vice chairman of the board, president or other officer- have not been selected, by an incorporator – if in the hands of a receiver, other court appointed fiduciary by that fiduciary)	
	Ronald D. Cook	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	

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