N0600003961

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COVER LETTER

TO: Amendment Section
Division of Corporations
NAME OF CORPORATION: FRIENdship Missionary Baptist Church of JALAHA,
DOCUMENT NUMBER: NO600003961 Inc.
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
DR. TABATHA S. (I-INBERSON
(Name of Contact Person)
2021 (
(Firm/ Company)
8702 GUAVA STREET NOF
(Address)
YALAHA, FLORIDA 34797
(City/ State and Zip Code)
tanderson @ bop. Bov / tabatha_A @ yahov. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
TABATRA J. HABERSON at 407 963-7178

(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 □ \$43.75 Filing Fee & □ \$43.75 Filing Fee & Certificate of Status Certified Copy

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\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)

<u>Mailing Address</u> Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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Street Address

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

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(Name of Corporation as currently filed with the Florid	la Dept. of State)		
N0600000,	3961		
	mber of Corporation (if I	known)	
Pursuant to the provisions of section 617.1006, Florida Sta amendment(s) to its Articles of Incorporation:	rutes, this <i>Florida Not F</i>	or Profit Corporation adopts the follo	wing
/ A. If amending name, enter the new pame of the corpo	ration:	-	
<u>FRIENCISHIP</u> MissionAry BADH name must be distinguishable and contain the word "corpo "Company" or "Co." may not be used in the name.	St CHUrch or oration" or "incorporate	OF UALAHA, Fl. In C. ed" or the abbreviation "Corp." or "In	new nc. ''
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRE</u>	<u>(22</u>		
	·		
	<u> </u>		7117
C. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE BOX</u>)		· · · · · · · · · · · · · · · · · · ·	
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D. If amending the registered agent and/or registered new registered agent and/or the new registered official sectors and the new registered agent and/or the new registered official sectors and the new registered agent and/or the new registered agent ag		a, enter the name of the	2
Name of New Registered Agent:			1
<u>New Registered Office Address</u> :	(Florida street address)	
		, Florida	
	(City)	(Zip Code)	

Signature of New Registered Agent, if changing

D 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) HobErson GES, DE (Typed or printed name of person signing)

TRESIDENT (Title of person signing) 2

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