

NO6000005365

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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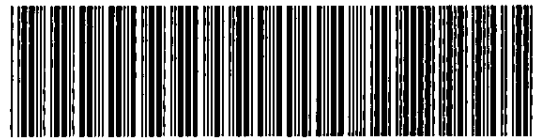
(Business Entity Name)

(Document Number)

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OCT 16 AM 10:35

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10/19/11
TL

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Doxa Church, Inc.

DOCUMENT NUMBER: N06000005365

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Matthew Buchanon Miller

(Name of Contact Person)

Doxa Church, Inc.

(Firm/ Company)

P.O. Box 3594

(Address)

Ocala, FL 34478

(City/ State and Zip Code)

mbmphil413@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Matthew Buchanon Miller

(Name of Contact Person)

at (352) 572-7470

(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 &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

Doxa Church, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

N06000005365

(Document Number of Corporation (if known))

OCT 14 AM 10:34
STATE OF FLORIDA
DEPT. OF REVENUE

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

N/A

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or " Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

No change

343 NE 1st Ave, Unit B

Ocala, FL 34471

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

No change

P.O. Box 3594

Ocala, FL 34478

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

Matthew Buchanon Miller

(same) 343 NE 1st Ave, Unit B

New Registered Office Address:

(Florida street address)

Ocala

(City)

Florida 34471

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar 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, name, and address of each Officer and/or Director being added:
(Attach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
P	Derek Worthington	P.O. Box 3594 Ocala, FL 34478	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
T	Scot McClamma	P.O. Box 3594 Ocala, FL 34478	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
P	Ray Pool	P.O. Box 3594 Ocala, FL 34478	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

N/A

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
T	Tom Rhodes	P.O. Box 3594 Ocala, FL 34478	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
S	Matthew Miller	P.O. Box 3594 Ocala, FL 34478	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

N/A

The date of each amendment(s) adoption: 9/25/2011
(date of adoption is required)
Effective date if applicable: 9/25/2011
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- ☐ 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 9/25/2011

Signature Matthew Buchanon Miller
(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)

Matthew Buchanon Miller
(Typed or printed name of person signing)

Secretary
(Title of person signing)