N06000005486

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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

New Way Ch	nristian Fellowship			***	
N06000005486 DOCUMENT NUMBER:					
The enclosed Articles of Amendment and fee	are submitted for fil	ing.			
Please return all correspondence concerning th	nis matter to the foll	owing:			
Kimberly Summerlin					
	(Name of C	ontact Person	1)		
New Way Christian Fellowship, Inc					
——————————————————————————————————————	(Firm/	Company)			
297 A Old Moody Blvd					
	(Ac	ldress)	 · ·	74	
PAlm Coast, Fl. 32164					
	(City/ State	and Zip Code	:)		
ksummerlin@newwaychurchfl.com					
E-mail address: (to	be used for future a	nnual report i	notificatio	1)	
For further information concerning this matter	, please call;				
Kimberly Summerlin		at	,		
(Name of Contact	Person)	(Are	ea Code)	(Daytime Telephone Number))
Enclosed is a check for the following amount r	nade payable to the	Florida Depa	rtment of	State:	
■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of \$	Fee & \$\Bigsigs \$\\$43.75 Fi Status Certified (Addition enclosed	Copy al copy is	Certif Certif) Filing Fee icate of Status ied Copy tional Copy is used)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Amend Divisio	Address ment Sect n of Corpo entre of T		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

New Way Christian Fellowship, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N06000005486 (Document Number of Corporation (if known) 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: 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) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: (Florida street address) New Registered Office Address: (Zip Code) New Registered Agent's Signature, if changing Registered Agent: Thereby 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)

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: X Change X Remove X Add		Doe : Jones : Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	S	Angie Thomas	12 Smokehouse PL Palm Coast, FL
, Remove			
2) Change Add		Eric Thomas	12 Smokehouse Pl, Palm Coast , Fl
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
F. If amending or addin (attach additional shee	ng additional A	rticles, enter change(s) here: . (Be specific)	
· · · · · · · · · · · · · · · · · · ·	·		

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0.70				
The date of each amendment(s) adoption:	//2024			, if other than th
Effective date if applicable:				
(no mor	e than 90 days after	amendment file date)		
Note: If the date inserted in this block does not me document's effective date on the Department of St	eet the applicable sta		nts, this date will not	be listed as the

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.

Dated	06/24/2024
Dated	1
Signati	ire
J	(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)
	Richard Summerlin
	(Typed or printed name of person signing)

(Title of person signing)