N07000706815

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TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: _	THE CONG	REGATIONAL	CHURCH	OF T	HE	VILLAGES	IN
DOCUMENT NUMBER:	N0700000	6815					
The enclosed Articles of Amenda	nent and fee	are submitted fo	r filing.				
Please return all correspondence	oncerning th	is matter to the	following:				
Carol W							
	(Name	of Contact Person)	1			····	
Treasurer - The Congregational Church							
	(Fi	rm/ Company)					
17663 SE 88th Covington Circle							
		(Address)					
The Vill	lages, FI	32162					
<u> </u>	(City/ S	State and Zip Code))			<u></u>	
For further information concerning	g this matter,	, please call:					
Carol Wigner		at (24	8) 5	35 - 56	56		
(Name of Contact Person) (Area Code & Daytime Telephone Number)							
Enclosed is a check for the follow	ing amount r	nade payable to	the Florida	a Depar	tmen	t of State:	
\$35 Filing Fee \$43.75 Filing Certificate		Certified	iling Fee & Copy nal copy is d)		(552.50 Filing Fe Certificate of Sta Certified Copy (Additional Cop is enclosed)	atus
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Division o Clifton Bu	nt Section of Corporat hilding cutive Cent	er Circl	e		

Articles of Amendment to Articles of Incorporation of

The congregational onurch o	
(Name of Corporation as currently filed v	vith the Florida Dept. of State)
NO 7000006815	;
(Document Number of Corp	poration (if known)
Pursuant to the provisions of section 617.1006, Florida Stathe following amendment(s) to its Articles of Incorporation	
A. If amending name, enter the new name of the corporation	ration:
The Congregational Church, Summ	erfield, FL Inc
The new name must be distinguishable and contain the vabbreviation "Corp." or "Inc." <u>"Company" or "Co." ma</u>	vord "corporation" or "incorporated" or the
B. Enter new principal office address, if applicable:	15421 S. US Hwy 301 7
(Principal office address <u>MUST BE A STREET ADDRES</u>	Summerfield FL 34491
	May The
	بن <u></u> دم کیا در
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PO Box 804
	Summerfield FL 34491
D. If amending the registered agent and/or registered on new registered agent and/or the new registered office.	e address:
Name of New Registered Agent:	N/A
New Registered Office Address:	Florida street address)
negative ed Office Madress.	N/A
	, Florida (City) (Zip Code)
	(City) (Zip Code)
New Registered Agent's Signature, if changing Register hereby accept the appointment as registered agent. I position.	ed Agent: am familiar with and accept the obligations of the
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>	Name	Address	Type of Action
			Add Remove
			FT 15
	•		
E. If amen (attach a	additional sheets, if necess	al Articles, enter change(s) here: ary). (Be specific)	
	N/A		-
•			

The date of each amendment	(s) adoption:	December	30,	2016
Effective date <u>if applicable</u> :	(no more than S	90 days after amendi	ment fi	ile date)
Adoption of Amendment(s)	(<u>CH</u>	IECK ONE)		
The amendment(s) was/we was/were sufficient for app	re adopted by the roval.	e members and the n	umber	of votes cast for the amendment(s)
There are no members or radopted by the board of dir		to vote on the amen	dment	(s). The amendment(s) was/were
Dated	1/27/2017	7		
(By hav	the chairman or e not been select		e board tor – i	d, president or other officer-if directors f in the hands of a receiver, trustee, or
	Hary (Ty	L. StarKa	عمر of per	fher rson signing)
	Chair	(Title of person s	Bea	
		(Time of heison s	agimig	5)

Page 3 of 3