

NO7000009786

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

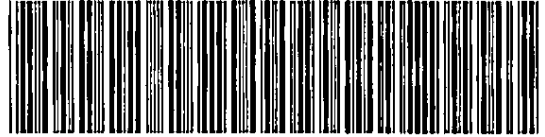
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

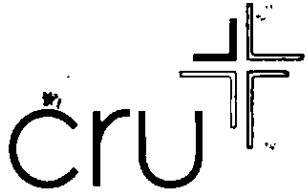


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18 JAN 17 PM 4:03
TALLAHASSEE, FLORIDA

JAN 18 2018



CAMPUS CRUSADE FOR CHRIST

Reaching Students of Tomorrow for Christ Today

MEMORANDUM

TO: Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

FROM: Karen B. Morgan, Corporate Paralegal
Campus Crusade for Christ/Cru General Counsel's Office

DATE: January 12, 2018

RE: Campus Crusade for Christ Western Europe, Inc.
Florida Document No. N07000009786
Corporate Name Change

Attached please find *Articles of Amendment to Articles of Incorporation*, to be filed for the purpose of changing the Corporation's name to **Agape Europe, Inc.**, effective January 1, 2018. Also enclosed is our check in the amount of \$43.75 to cover the filing fee and a Certificate of Status. Please mail the Certificate of Status to:

JoAnn Johnson, Staff Attorney
Campus Crusade for Christ/Cru General Counsel's Office
100 Lake Hart Drive, MC 3500
Orlando, FL 32832

If you have any questions, please let us know.

Thank you.

*General Counsel's Office
100 Lake Hart Drive - 3500
Orlando, FL 32832
407-826-2047
407-854-1218 Fax*

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Campus Crusade for Christ Western Europe, Inc.

DOCUMENT NUMBER: N07000009786

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

Please return all correspondence concerning this matter to the following:

JoAnn Johnson, Staff Attorney

(Name of Contact Person)

Campus Crusade for Christ/Cru General Counsel's Office

(Firm/ Company)

100 Lake Hart Drive, MC 3500

(Address)

Orlando, FL 32832

(City/ State and Zip Code)

ccclegal@cru.org

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

For further information concerning this matter, please call:

Karen B. Morgan

407-376-3141

(Name of Contact Person)

at (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

Campus Crusade for Christ Western Europe, Inc.

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

N07000009786

(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:

Agape Europe, Inc.

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:

_____, Florida
(City) (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)

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
2) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
3) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
4) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
5) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
6) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____

[illegible]

The date of each amendment(s) adoption: _____, if other than the date this document was signed.


Effective date if applicable: January 1, 2018
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 1/3/2018 _____

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)

Javier Garcia

(Typed or printed name of person signing)

President

(Title of person signing)

Certificate Of Completion

Envelope Id: 0F6C5BDB6F594CE8B28FC7C6C3D5CC21

Status: Completed

Subject: Please DocuSign: COI-CCC WEurope.doc, STMT-OF.FTH.pdf, CCC-WE 2017 UnanimousConsent w name chan...

Source Envelope:

Document Pages: 15

Signatures: 4

Envelope Originator:

Certificate Pages: 1

Initials: 0

Karen Brawn

AutoNav: Enabled

100 Lake Hart Dr

Envelopeld Stamping: Disabled

Orlando, FL 32832-0100

Time Zone: (UTC-05:00) Eastern Time (US & Canada)

Karen.Brawn@cru.org

IP Address: 8.10.140.190

Record Tracking

Status: Original

Holder: Karen Brawn

Location: DocuSign

1/2/2018 1:53:12 PM

Karen.Brawn@cru.org

Signer Events

Javier Garcia

atl.javier@gmail.com

Security Level: Email, Account Authentication
(None)

Signature

DocuSigned by:
Javier Garcia
5067B0F8F9D4A8

Using IP Address: 83.63.188.88

Signed using mobile

Timestamp

Sent: 1/2/2018 1:53:37 PM

Viewed: 1/3/2018 3:40:54 AM

Signed: 1/3/2018 3:44:04 AM

Electronic Record and Signature Disclosure:
Not Offered via DocuSign

In Person Signer Events

Signature

Timestamp

Editor Delivery Events

Status

Timestamp

Agent Delivery Events

Status

Timestamp

Intermediary Delivery Events

Status

Timestamp

Certified Delivery Events

Status

Timestamp

Carbon Copy Events

Status

Timestamp

Javier Garcia's Assistant
spain.assistant@gmail.com

Agape Europe

Security Level: Email, Account Authentication
(None)

Electronic Record and Signature Disclosure:
Not Offered via DocuSign

COPIED

Sent: 1/2/2018 1:53:37 PM

Notary Events

Signature

Timestamp

Envelope Summary Events

Status

Timestamps

Envelope Sent

Hashed/Encrypted

1/2/2018 1:53:38 PM

Certified Delivered

Security Checked

1/3/2018 3:40:54 AM

Signing Complete

Security Checked

1/3/2018 3:44:04 AM

Completed

Security Checked

1/3/2018 3:44:04 AM

Payment Events

Status

Timestamps