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| Certified Copies | _ Certificate: | s of Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

| Division of Corporations | | | | |
|---|--|--|--|----------|
| NAME OF CORPORATION: COMMUNIT | y longrega | tional Church |) control | e Gulf |
| DOCUMENT NUMBER: NØ7044 | | | 1 | |
| The enclosed Articles of Amendment and fee are subm | nitted for filing. | | , | ĺ |
| Please return all correspondence concerning this matte | | | • 1 | |
| _ | (Name of Contact Perso | nos Troc. | ì | |
| | (Firm/ Company) | A. | | |
| 153007 am | (Address) | <u> 10.</u> | | <u> </u> |
| Naples, | FL 34 (City/ State and Zip Cod | | · · · · · · · · · · · · · · · · · · · | <u> </u> |
| E-mail address: (to be used | | _ | - I | |
| For further information concerning this matter, please | eall: | | i | |
| Heather Smco | at | 239-597-100 | <u> </u> | 1 |
| (Name of Contact Person Enclosed is a check for the following amount made pa | | rea Code) (Daytime Telephor artment of State: | ie Number) | |
| □ \$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 | Ameno Divisio | Address Innent Section on of Corporations n Building | • | |

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation ame of Corporation as currently filed with the Florida Dept. of State) (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: 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 (Zip Code) (City)

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

| address of each Office (Attack additional sho Please note the office P = President; V= Vi | cer and/or Directo eets, if necessary) r/director title by th ce President; T= Ti FO = Chief Financia | r being added: re first letter of the offi reasurer; S= Secretar; al Officer. If an office | ice title: y: D= Director; TR= 1 | er/director being removed Trustee; $C = C$ hairman or than one title, list the first C | Clerk; CEO = Chief |
|--|---|---|---|---|---|
| Changes should be no a change, Mike Jones Mike Jones, V as Ren | leaves the corpora | tion, Sally Smith is na | John Doe is listed as the med the V and S. Thes | ne PST and Mike Jones is li e should he noted as John | sted as the V. There is Doe, PT as a Change, |
| Example: X Change X Remove X Add | | <u>Doe</u> : Jones : Smith | | | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | | <u>Addres</u> s | |
| 1) Change Add Remove | <u>VP</u> | Douglas | 5 Dewers | 3920 Via Bunita Spring | Del Roy 34134 |
| 2) Change | VP_ | Dane Cu | nningham | Suit #3 | amiumi Trail |
| Remove 3) Change Add Remove | Secretary | Alexander | Herron | 26955 F Bonita Spr | 5FL 34135 Siva Ct. 1995 FL 3H135 |
| 4) Change | Secretary | Richard V | Hally | 9155 Isl Bonita Spri | a Bella Cirde Nas. FC 3-1135 |
| 5) Change Add | | | | | |
| Remove 6) Change Add | | | | | |
| Remove | | | | | |

Page 2 of 4

| . If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) | |
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| The date of each amendment(s) adoption: October 30,2017 date this document was signed. | if other than the |
|---|-------------------|
| Effective date if applicable: (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 b document's effective date on the Department of State's records. | e 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. | |
| ☐ 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 indettarman 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) | |
| (Typed or printed name of person signing) | |
| President (Title of person signing) | |
| | |