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COVER LETTER

NAME OF CORPORATION: C3 NCGOLES Church, Inc.
DOCUMENT NUMBER: NOTO HOLD TO THE STATE OF T
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Heather Simco
(Name of Contact Person)
C3 Naples Church Inc
(Firm/ Company)
3200 Priley lone Scrite#199
(Address)
Nades FL 34105
(City/ State and Zip Code)
E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Heather Smco at (239) 597-1000
(Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$\square\$ \$\squa
Mailing Address

Mailing Address

TO: Amendment Section

Division of Corporations

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

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

(Document Nur	ber of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statemendment(s) to its Articles of Incorporation:	tes, this <i>Florida Not For Profi</i> t	t Corporation adopts the followin
A. If amending name, enter the new name of the corpor	tion:	
name must be distinguishable and contain the word "corpo "Company" or "Co," may not be used in the name.	ation" or "incorporated" or th	The nev e abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:		. 1~
Principal office address MUST BE A STREET ADDRES	<u> </u>	ST.
		7
		10.1
. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		**************************************
		10 N
D. If amending the registered agent and/or registered of		the name of the
new registered agent and/or the new registered office	address:	
Name of New Registered Agent:		
	(Florida str	eet addressi
New Registered Office Address:		
		, Florida
	(City)	(Zip Code)
iew Registered Agent's Signature, if changing Registere hereby accept the appointment as registered agent. I am		igations of the position.
	Signature of New Registered As	zent 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	<u>V</u> <u>Mik</u>	n Doe te Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add Remove	<u>V</u> _	Dane Cunningham	24870 S. Tarmani Trail Suite 3 Bosita Springs FL 34135
2) Change	5	Alexander Henon	26955 Piva Court Bonita Springs FC 34135
Remove 3) Change Add Remove	TR	Berbara Esch	25441 Luci Drive Bonita Springs, FL 34134
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

tach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
	
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The date of each amendment(s) addate this document was signed.	option: Deptember 10, 2010	, if other than the
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
None Cabo don in condition to the		
document's effective date on the Dep	ck does not meet the applicable statutory filing requirements, this disartment of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add was/were sufficient for approval	opted by the members and the number of votes cast for the amenda	nent(s)
There are no members or memb adopted by the board of director	ers entitled to vote on the amendment(s). The amendment(s) was/vrs.	vere
Dated	25-18	
Signature (Dark - Asia	nan or vice chairman of the board, president or other officer-if dire	
have not bee	nan or view examinan of the board, president or other officer-if dire in selected, by an incorporator – if in the hands of a receiver, trusted ppointed fiduciary by that fiduciary)	
	Francismo	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	