# N0800000 3611

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C.COULLIETTE

JAN 05 2010

**EXAMINER** 

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: Christian Fam	ily Builders, Inc.	
DOCUMENT NUM	IBER: N08000003611		
The enclosed Article	s of Amendment and fee are sub	omitted for filing.	
Please return all corr	espondence concerning this mat	ter to the following:	
		othy J Zorc	<del></del>
	(Name of	Contact Person)	
	(Firm	/ Company)	
		Box 7111	
	(,	Address)	
		h, Florida 32961 te and Zip Code)	
	timzo	c@aol.com	notification)
For further informati	on concerning this matter, pleas	e call:	
Timothy J Zorc		at (772)_633	3-2004 Daytime Telephone Number)
(Name	of Contact Person)	(Area Code &	Daytime Telephone Number)
Enclosed is a check f	or the following amount made p	ayable to the Florida Depa	rtment of State:
☑ \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	□ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	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 Se Division of Cor Clifton Building 2661 Executive Tallahassee, FL	ction porations g Center Circle

### Articles of Amendment to **Articles of Incorporation** of

#### Christian Family Builders, Inc.

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

#### N08000003611

(Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts

		"corporation" or "inc	orporated" or the
breviation "Corp." or " Inc." <u>"Company" (</u>	<u>or "Co." may not</u>	t be used in the name.	
Enter new principal office address, if applicable:		1910 82nd Avenue Suite 102	
Principal office address <u>MUST BE A STREE</u>	<u>ET ADDRESS</u> )	Vero Beach, FL 32	2966
. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF		PO Box 7111	
		Vero Beach, FL 329	961-7111
If amending the registered agent and/or			ter the name of th
new registered agent and/or the new regi	stered office add	dress:	
Name of New Registered Agent:	Tim	nothy J Zorc	_
	7658 S P	olo Grounds Lane	
New Registered Office Address:	(Flori	ida street address)	<del>_</del>
New Registered Office Address.		ero Beach	_, Florida_32966
wew Registered Office Address.	V6	ero beach	, Florida 02300

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> <u>Name</u> Address **Type of Action** Laura D. Zorc Kenneth R Zorc D PO Box 6653 D Nathan A Sweigard Vero Beach, FL 32966 ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

The date of each amendmen	t(s) adoption: September 10,2009
Effective date <u>if applicable</u> :	(date of adoption is required)  September 10,2009  (no more than 90 days after amendment file date)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
The amendment(s) was/we was/were sufficient for app	ere adopted by the members and the number of votes cast for the amendment(s) proval.
There are no members or adopted by the board of di	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.
Dated	2-1-09
Signature _	
	the chairman of vice chairman of the board, president or other officer-if directors or not been selected, by an incorporator – if in the hands of a receiver, trustee, or
	er court appointed liduciary by that fiduciary)
	TIMOTHY J. ZORC
	(Typed or printed name of person signing)
	(Title of person signing)
	(Title of person signing)

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