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COVER LETTER

TO: Amendment Section Division of Corporations

RESIDENTS ENCOUNTI	ER CHRIST OF	FLORIDA. IN	**C
N08000007780 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are submitted	for filing.		
Please return all correspondence concerning this matter to the	he following:		
CINDY HALL			
(Nam	e of Contact Pe	rson)	
(1)	Firm/ Company	<u> </u>	
(1	i iiii Company	,	
P.O. BOX 441			
	(Address)		
SAN ANTONIO, FL 33576			
(City/	/ State and Zip C	Code)	
C.WOO.HOO1@GMAIL.COM			
E-mail address: (to be used for fu	uture annual rep	ort notification	
For further information concerning this matter, please call:			
CINDY HALL	at	813	340-1678
(Name of Contact Person)		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made payable	to the Florida I	Department of S	State:
(Ac	3.75 Filing Fee & rtified Copy dditional copy is closed)	Certifie S Certifie	Filing Fee cate of Status ed Copy ional Copy is sed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the	Florida I	Dept. of State)			_	
RESIDENTS ENCOUNTER CHRIST OF FLORII	DA, INC.	Document #N0888888778	0			
(Docum	ent Numb	er of Corporation (if known	n)			
Pursuant to the provisions of section 617.1006, Flor amendment(s) to its Articles of Incorporation:	ida Statute	es, this <i>Florida Not For Pr</i>	ofit Corporation a	idopts the	follov	ving
A. If amending name, enter the new name of the	corporat	ion:				
N/A					_The	
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name	"corpora	tion" or "incorporated" or	the abbreviation	"Corp."	or "In	c. ''
B. Enter new principal office address, if applical	hle:	2920 GOLF CART WAY				
(Principal office address MUST BE A STREET A	DDRESS	SAN ANTONIO, FL 335	76			
					_	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	B <u>OX</u>)	P.O. BOX 441				
		SAN ANTONIO, FL 335	76		_	
D. If amending the registered agent and/or regis	stered offi	ce address in Florida, ent	er the name of th	<u>. – </u>		
new registered agent and/or the new register	ed office s	ddress:		170	207	
Name of New Registered Agent:	CINDY I	iall			<u>~</u>	
	29207 GC	OLF CART WAY		新 <u>斯</u>)G 2	<u> </u>
New Registered Office Address:			strees address)	Ster of	3 PM	O E
	SAN AN	TONIO, FLORIDA	, Florid			
		(City)	(Zip	Coue)	80	
New Registered Agent's Signature, if changing I I hereby accept the appointment as registered agen	<u>Registered</u> t. I am fa	Agent: miliar with and accept the	obligations of the	position.		
_		Cind Hol				
	S	ignature of New Revisiered	d Agent, if changin	g		

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	PT John De Y Mike Jo SV Sally Sr	<u>nes</u>	
Type of Action (Check One)	Title	Name	Address
1) Change Add	CEO	MARY STARKEY	3296 SENNETT CIRCLE OXFORD, FLORIDA 34484
x Remove			
2) Change Add	CEO	CINDY HALL	29207 GOLF CART WAY SAN ANTONIO, FLORIDA 33576
Remove 3) Change Add Remove	D	SUSAN TRACY	18 SPRUCE PASS OCALA, FL 34472
4) Change × Add	<u>T</u>	CHRIS LACKAY	P.O. BOX 416 BUSHNELL, FLORIDA 33513
Remove			<u></u>
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addi (attach additional she	ng additional Art ets, if necessary).	icles, enter change(s) here: (Be specific)	
N/A			
	-		
	<u> </u>		

Effective date it applicable:	(no more that	n 90 days after amer	idment file date)		
	/Λ				
The date of each amendment(s) date this document was signed.	adoption:				_, if other than the
	NI/A				
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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)

Dated	AUGUST 10, 2024
Signatur	
	(By the chairman or fice 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)
	JUDY STUART
	(Typed or printed name of person signing)