ND800008435

(Re	equestor's Name)	
-		
(Ac	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
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(Do	cument Number)	
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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	Į.
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COVER LETTER

TO: Amendment Section Division of Corporations

Calvary Chapel NAME OF CORPORATION:	Surfside of Bre	evard County,	Inc.
N08000008422			***************************************
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are subm	nitted for filing.		
Please return all correspondence concerning this matte	er to the following:		
John W. Forsythe			
	(Name of Contact F	Person)	
Calvary Chapel Surfside			
	(Firm/ Compar	y)	
950 Pine Tree Dr.			
	(Address)		
Indian Harbour Beach, FL 32937			
	(City/ State and Zip	Code)	
info@ccsurfside.com			
E-mail address: (to be used	for future annual re	port notification)	
For further information concerning this matter, please	call:		
John Forsythe	321	704-70	74
	at (ne Telephone Number)
(Name of Contact Person)	(Ar	ea Code & Daytin	ne Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida	Department of Sta	ite:
\$35 Filing Fee \$\times \text{Certificate of Status}\$		Certifica is Certified	te of Status I Copy nal Copy is
Mailing Address	<u>S</u> 1	reet Address	
Amendment Section		Amendment Section	
Division of Corporations		ivision of Corpora	uons
Tallahassee, FL 32314	P.O. Box 6327 Clifton Building Clifton B		ter Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

N08000008422			
(Document Number of Corpora	tion (if known)		
Pursuant to the provisions of section 617.1006, Florida Statutes amendment(s) to its Articles of Incorporation:	s, this <i>Florida No</i>	t For Profit Corporation ad	opts the following
A. If amending name, enter the new name of the corporation N/A	on:		The new
name must be distinguishable and contain the word "corporat	ion" or "incorpo	rated" or the abbreviation "	
"Company" or "Co." may not be used in the name.	N/A		
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)			
			· F.
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A		Aug 31
			e e
D. If amending the registered agent and/or registered offic		ida, enter the name of the	0
new registered agent and/or the new registered office at N/A	ddress:		
Name of New Registered Agent:			
New Registered Office Address:	Florida street addres	s)	
		, Florida	
(City)		(Zip Code)	
New Registered Agent's Signature, if changing Registered . I hereby accept the appointment as registered agent. I am fan		cept the obligations of the p	osition.

Page 1 of 4

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 <math>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>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s
1) Change Add		<u>N/A</u>		
Remove				
2) Change		_	······································	
Remove				
3) Change		**************************************		
Add				
4) Change				
Add				
5) Change				
Add				
6) Change	 -			
Add Remove				

E. If, amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)
Please add this to the end of Article III: Upon the dissolution of this organization,
assets shall be distributed for one or more exempt purposes within the meaning of
section 501(c)(3) of the Internal RevenueCode, or corresponding section of any
future federal tax code, or shall be distributed to the federal government, or to a state
or local government, for a public purpose.
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** **		August 28th, 2012
	date of each amendment ective date <u>if applicable</u> :	August 28th, 2012
	<u></u>	(no more than 90 days after amendment file date)
Ada	option of Amendment(s)	(CHECK ONE)
	The amendment(s) was/w was/were sufficient for ap	vere adopted by the members and the number of votes cast for the amendment(s) oproval.
	Dated Signature (By he have re	stairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)
	Presiden	(Typed or printed name of person signing)
	-	(Title of person signing)