NO 900000192

(Re	guestor's Name)	
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FILED Mar 06, 2023 08:00 AM Secretary of State

COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Agapa SDB Church of the South, Inc. N. 09000000192
DOCUMENT NUMBER: N 0900000192
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Kerone Samuels (Name of Contact Person)
(Name of Contact Person)
FILED
(Firm/ Company) Mar 06, 2023 08:00 AM
6460 Fall Street Secretary of State
(Address)
St. Cloud, FL 34771 (City/ State and Zip Code)
(City/ State and Zip Code)
agape sabenurch of the south e gmall. Com E-mail address: (to be used for future Innual report notification)
For further information concerning this matter, please call:
Nicole Rose - Cole at 352 - 321 - 7743 (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:
S35 Filing Fee S43.75 Filing Fee Certificate of Status Certificate of Status (Additional copy is enclosed) S43.75 Filing Fee 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 Section Division of Corporations Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

- Agape SDB Church of	
Name of Chrisofation as currently filed with the Florida D	
N 0900000	
(Document Number	r of Corporation (if known)
Pursuant to the provisions of section 617,1006, Florida Statutes amendment(s) to its Articles of Incorporation:	s, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporati	<u>on:</u>
Seventh Day Babhste Ch	urch of Central Floridathe new ion" 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)	<i>Y/A</i>
C. Enter new mailing address, if applicable:	~ 10
(Mailing address MAY BE A POST OFFICE BOX)	///// FILED
	——————————————————————————————————————
	Secretary of State
	Secretary of State
	•
D. If amending the registered agent and/or registered office	e address in Florida, enter the name of the
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office as	e address in Florida, enter the name of the
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office at Name of New Registered Agent:	e address in Florida, enter the name of the
new registered agent and/or the new registered office as	e address in Florida, enter the name of the ddress:
new registered agent and/or the new registered office at Name of New Registered Agent:	e address in Florida, enter the name of the
new registered agent and/or the new registered office as	e address in Florida, enter the name of the ddress: M A (Florida street address)
new registered agent and/or the new registered office at Name of New Registered Agent:	e address in Florida, enter the name of the ddress: M A (Florida street address)
new registered agent and/or the new registered office as Name of New Registered Agent: New Registered Office Address:	## Address in Florida, enter the name of the difference of the dif
New Registered Agent's Signature, if changing Registered	## Address in Florida, enter the name of the diffess:
new registered agent and/or the new registered office as Name of New Registered Agent: New Registered Office Address:	## Address in Florida, enter the name of the diffess:
New Registered Agent's Signature, if changing Registered	## Address in Florida, enter the name of the diffess:
Name of New Registered Agent: New Registered Office Address: New Registered Office Address: New Registered Office Address: New Registered Office Address: New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fan	## Address in Florida, enter the name of the diffess:

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		Doe Jones Smith	FILED Mar 06, 2023 08:00 AM
Type of Action Check One)	Title	Name	Secretary of State
1) Change Add	MA		
Remove			
2) Change Add	NA		
Remove Change Add Remove	_N/A _N/A		
4) Change Add	_/\/A		
Remove			
5) Change Add	_N/A_		
Remove			
6) Change Add	_N/A		
Remove			
E. If amending or as (attach additional)	dding additional A sheets, if necessary	articles, enter change(s) he). (Be specific)	r <u>e</u> :

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	Secretary of State	
		
		
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The date of each amendment(s) add date this document was signed.	option:	, if other than the
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bloc document's effective date on the Dep	k does not meet the applicable stantory filing requirements, this date wi artment of State's records.	If not be listed as the
Adoption of Amendment(s)	(CHECK ()NE)	
The amendment(s) was/were ad- was/were sufficient for approval	opted by the members and the number of votes cast for the amendment(s)

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 3.6.2023				
Signature (By the chairman 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)				
NICOLO ROSE - COLO (Typed or printed name of person signing)				
Secretary (Title of person signing)				

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