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SECRETARY OF STATIONS
DIVISION OF CORPORATIONS

Amend Mame au 4.20.11

### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATIO	N: Delray (	Besich Community	. Church, Inc.
DOCUMENT NUMBER: _	No	900003800	
The enclosed Articles of Ame	ndment and fee are subm	itted for filing.	
Please return all corresponder	lease return all correspondence concerning this matter to the following:		
John Panich (Name of Contact Person)			
	Delray Beal (Firm)	Comment Chief	
6	Redford Dry	/୧ dress)	
Boynton Beach, FZ 33426 (City/State and Zip Code)			
— John	maif address: (to be used	South. Net for future annual report notifica	tion)
For further information concerning this matter, please call:			
John Par	lich	at ( <u>S61</u> ) <u>301-</u> (Area Code & Daytim	ne Telephone Number)
Enclosed is a check for the fo	llowing amount made pay	vable to the Florida Department	of State:
<del>-</del>	3.75 Filing Fee & ficate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Addr Amendment S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations	Street Address Amendment Section Division of Corporation Clifton Building 2661 Executive Center	ns

Tallahassee, FL 32301

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

## **Articles of Incorporation** of

Delrop Beach Communi	
(Name of Corpóration as currently filed with	
(Document Number of Corpora	tion (if known)
Pursuant to the provisions of section 617.1006, Florida Statute the following amendment(s) to its Articles of Incorporation:	<b>,</b>
A. If amending name, enter the new name of the corporati	on:
The new name must be distinguishable and contain the work abbreviation "Corp." or "Inc." "Company" or "Co." may no	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	N/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	BIVISION OF CORPORATION  11 APR 18 AM 8: 1
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office agent.	
Name of New Registered Agent: NAME NAME OF NEW REGISTERS AGENT.	
New Registered Office Address:  New Registered Office Address:  (Flo	rida street address)  A, Florida
New Registered Agent's Signature, if changing Registered.  I hereby accept the appointment as registered agent. I am position.	n familiar with and accept the obligations of the
	wRegistered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being		irector being	
	I title, name, and address of each Office ional sheets, if necessary)	er and/or Director being added:	}
(Anach adam	ionai sneeis, ij necessary)		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
<u>P</u>	Worrelly Omer	7721 Songfiell Lake	Add Remove
VP	Reubens, Rebecca	SOB Woodstone Circles Lake Weeth, FL 334/3	Morfn Add Remove
Sec_	Panice, John A. S.	9 Mardons Part Lane Boynton Beats Fl	_
	ing or adding additional Articles, enter ditional sheets, if necessary). (Be specif		
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<del> </del>			į
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			<del></del>
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# 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)

Title	John A. Panicour.	Address  6 Rection Dr. Barton Berchiff	Add Remove
VP	John C. Chinelly h.	2802 N 46th AR HR-215 Hallywood, FL 33021	Add Remove
<u> </u>	Jerry Sander	Boon Roth, FR. 33486	Add Remove
E. <u>If amendi</u> (attach add	ng or adding additional Articles, enter ditional sheets, if necessary). (Be specif		
-			

## 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
<u>D</u> _	Doxzon, To DD	20176 D St. Omoho, NE 68/30	_ LAdd _ Remove
			_
	·		_
E. If amen (attach a	ding or adding additional Articles, ent additional sheets, if necessary). (Be spe	er change(s) here: cific)	

The date of each amendment(s) adoption:	The date of each amendr
Effective date if applicable: (date of adoption is required)	Effective date if applicab
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	Adoption of Amendment
The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	
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	Dated_
Signature Signature	Signatu
(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)	
Toha A Panico Jo.  (Typed or printed name of person signing)	
(Title of person signing)	

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