## N0900000 4660

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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	A FIRST BORN CHURCH	OF THE LIVING GOD, INC.
N0900004660 DOCUMENT NUMBER:		
The enclosed Articles of Amendment and fee are s		
Please return all correspondence concerning this ma	atter to the following:	
CLIFFORD WILLIAMS		
	(Name of Contact Perso	n)
APALACHICOLA FIRST BORN CHURCH OF	THE LIVING GOD. INC.	
	(Firm/ Company)	
204 12th Street		
	(Address)	
APALACHICOLA, FL 32320		
	(City/ State and Zip Coc	le)
E-mail address: (to be u	ised for future annual report	notification)
For further information concerning this matter, plea	ase call:	
	:11	
(Name of Contact Per	son) (A	rea Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made	e payable to the Florida Dep	artment of State:
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee Certificate of Star	& □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□S52.50 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FI. 32301

## Articles of Amendment to Articles of Incorporation of

APALACHICOLA FIRST BORN CHURCH OF THE LIVING GOD, INC.

(Name of Corporation as curr	ently filed with the Flo	rida Dept. of State)
N09000004660		
(Document Nur	nber of Corporation (if	known)
Pursuant to the provisions of section 617,1006, Florida Stati imendment(s) to its Articles of Incorporation:	ates, this <i>Florida Not F</i>	or Profit Corporation adopts the following
A. If amending name, enter the new name of the corpor	ation:	
APALACHICOLA FIRST BORN CHURCH, INC.		The new
name must be distinguishable and contain the word "corpo "Company" or "Co." may not be used in the name	ration" or "incorporate	ed" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES)	<u>S</u> )	<del>-</del> -
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  D. If amending the registered agent and/or registered of new registered agent and/or the new registered office		TALLAHASSEE, FL., enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(	Florida street address)
	(Citv)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am	ed Agent: familiar with and accep	or the obligations of the position.
	Signature of New Regi	stered 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)

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: XChange X Remove X Add	⊻ <u>Mik</u>	n Doe e Jones y <u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	TRUST	MAURICE WILLIAMS	204 12th Street
X Add	TA	Maurice Williams	APALACHICOLA, FL 32320
Remove			
2) Change	TRUST	LAVONYA WILLIAMS	204 12th Street
X Add	TR	LaVonya Williams	APALACHICOLA, FL 32320
Remove	TRUST	KATHY WILLIAMS	204 12th Street
3 ) Change X Add	TR	Kathy Williams	APALACHICOLA, FL 32320
Remove			
4) Change	<u>.</u>		
Add			
Remove			<u> </u>
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

utach additional sheets, ij	Iditional Articles (necessary). (B	e specific)				
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	02/26/2019	
The date of each amendment(s) adoption this document was signed.	tion:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Depart	does not meet the applicable statutory filing requirements, tment of State's records.	, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adop was/were sufficient for approval.	ted by the members and the number of votes east for the a	mendment(s)
■ There are no members or member adopted by the board of directors	s entitled to vote on the amendment(s). The amendment(s	) was/were
: SDated . 04/08	12019	
Signaturo M		
	on or vice chairman of the board, president or other officer etceted, by an incorporator – if in the hands of a receiver, sointed fiduciary by that fiduciary)	-if directors trustee, or
~ Pas	Hor Elder Clifford Willi (Typed or printed name of person signing)	<u>am S</u>
:	Director (Title of person signing)	