N09000007599

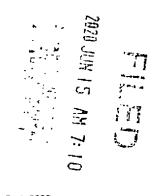
(Req	uestor's Name)	
(Add	ress)	
(Add	iress)	
(City	/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bus	iness Entity Nar	me)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	filing Officer:	

Office Use Only



900346064199

06/15/20--01041 -012 **35.00



JUL 07 2020 S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations ₽ Resurrection Church Anglican, Inc. NAME OF CORPORATION: _ N09000007599 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Jeanine B. Sasser (Name of Contact Person) Jeanine B. Sasser, P.A. (Firm/ Company) 3955 Riverside Ave., Stc. 204 (Address) Jacksonville, FL 32210 (City/ State and Zip Code) jporfidio@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 384-2999 Jeanine B. Sasser (Daytime Telephone Number) (Name of Contact Person) Enclosed is a check for the following amount made payable to the Florida Department of State: **■** \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Resurrection Church Anglican, Inc.

N09000007599				
(Docum	nent Numb	eer of Corporation (if known)		
Pursuant to the provisions of section 617.1006, Flo amendment(s) to its Articles of Incorporation:	orida Statut	es, this <i>Florida Not For Profit</i>	Corporation adopts the f	ollowing
A. If amending name, enter the new name of the	e corporat	lion:		
N/A				The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam		tion" or "incorporated" or the	abbreviation "Corp." or	r "Inc."
B. Enter new principal office address, if applica	ahle [,]	4617 San Juan Ave.		
(Principal office address MUST BE A STREET A) Jacksonville, FL 32210		
				202
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)	4617 San Juan Ave.		
		Jacksonville, FL. 32210	غند ا	<u>.</u>
				= ::
		<u> </u>	- win	.Σ. [
D. If amending the registered agent and/or reginew registered agent and/or the new register			ne name of the	••• ວ
Name of New Registered Agent;	N/A			
	3955 Riv	erside Ave., Stc. 204		
<u>New Registered Office Address:</u>	:	(Florida stree	t address)	
	Jacksony	ille	32210	
		(City)	Florida (Zip Code)	
New Registered Agent's Signature, if changing l	Registered	l Agent:		
I hereby accept the appointment as registered ager			gations of the position.	
_	S	ignature of New Registered Age	rnt, 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: X Change X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doc Mike Jones Sally Smith			
Type of Action (Check One)	Title		Name	Address	
1) × Change Add	C	_	Joe Porfidio	1989 Colonial Dr. Green Cove Springs, FL 32043	
Remove 2) Change Add	D	_	Jeanine B. Sasser	1912 Hamilton St. Jacksonville, FL 32210	
X Remove 3) Change Add X Remove	D	_	John Howze	8011 Macinnes Dr. Jacksonville, FL 32244	
4) Change Add	D	_	Carla Henson-Bowden	3692 Windmoore Dr. Jacksonville, FL 32217-4238	
Remove 5) Change	T	_	Michael Newman	4120 Shirley Ave. Jacksonville, FL 32210	
6) Change Add		_			
E. If amending or additional sheet			cles, enter change(s) here: (Be specific)		
<u>N/A</u>					

• • • • • • • • • • • • • • • • • • • •							
						<u> </u>	
			<u> </u>				
	<u> </u>						
							
				<u> </u>			
				_			
							
<u> </u>			•				
						<u></u>	
	-	<u> </u>	<u>-</u>	<u> </u>	· · · · · · · · · · · · · · · · · · ·	<u>.</u>	
		•					
					-		
		1/1/2020					
The date of each amendment	t(s) adoption:	1/1/2020				, if otl	ner than the
date this document was signed							
	N/A						
Effective date if applicable:							
	(n	o more than 90	days after amer	idment file dat	te)		
Note: If the date inserted in the	is block does	not meet the app	olicable statutor	y filing requir	ements, this date	e will not be liste	d as the
document's effective date on the	he Department	of State's reco	rds.				
		omac					
Adoption of Amendment(s)	(CHECK ONE)					

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.
Signature (By the 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)
Joe Porfidio
(Typed or printed name of person signing)
Chairman
(Title of person signing)