N0900007774

(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
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(Bu	siness Entity Nar	ne)
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(0-	cument Number)	
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Cilina Officer	1
Special instructions to	Filing Officer.	

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2415 N. Monroe Street, Suite 810

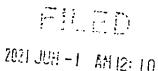
Tallahassee, FL 32303

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

Trinity New Life C	hurch, Inc.		
N09000007774 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are sul	omitted for tiling.		
Please return all correspondence concerning this mat			
Amy C. Jones			
	(Name of Contact F	'erson)	
Trinity New Life Church, Inc.			
	(Firm/ Compan	y)	
11134 Challenger Ave			
	(Address)		
Odessa, FL 33556			
	(City/ State and Zip	Codet	
billing@trinitynewlife.com			
E-mail address: (to be use	ed for future annual re	port notificatio	n)
For further information concerning this matter, pleas	e call;		
Amy C. Jones	•	7 27	644-7224
(Name of Contact Perso	n)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made p	payable to the Florida	Department of	State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee Certified Copy (Additional copy enclosed)	Certit is Certit	0 Filing Fee leate of Status led Copy tional Copy is (Sed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	A D	reet Address mendment Sect ivision of Corpo he Centre of T	orations

Articles of Amendment Articles of Incorporation of



Trinity New Life Church, Inc.		utis: 10
(Name of Corporation as currently filed with the Florida I	Dept. of State)	SECRETARY OF A CO
N09000007774		MERMAN ET
(Document Numb	er of Corporation (if known)
Pursuant to the provisions of section 617,1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this <i>Florida Not</i>	For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporat	<u>ion:</u>	
n/a		The new
name must be distinguishable and contain the word "corporat" "Company" or "Co," may not be used in the name	tion" or "incorpor	ated" or the abbreviation "Corp" or "Inc"
B. Enter new principal office address, if applicable:	n/a	
Obecument Number Pursuant to the provisions of section 617,1006. Florida Statute intendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporational in the master of the corporation of the corporation of the distinguishable and contain the word "corporate 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 ())	
		
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	n/a	
		ida, enter the name of the
n/a		
Name of New Registered Agent		
		(Florida street address)
New Registered Office Address:		triorida sireet (agiress)
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered	Ananti	
Few Registered Agent's Signature, it changing Registered Thereby accept the appointment as registered agent. I am fa-		ept the obligations of the position.
Si	gnature of New Re	gistered 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, N. Secretary, D. Director, TR. Trustee, C. Charman 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 Doe Mike Jones Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>	
1) <u>×</u> Change Add	<u>P</u>	William C. Bell	3844 Spring Valley Dr	
Remove			New Port Richey, FL 34655	
2) Change Add	<u>S</u>	Chayil M. Branda	2505 Maylin Dr	
Remove 3) Change Add	T	Amy C. Jones	Trinity, FL 34655 1658 Beachway Ln	
Remove			Odessa, FL 33556	
4) Change Add	D	Casey Sheffield	3835 Erin Brook Dr	
Remove			New Port Richey, FL 34655	
51 Change Add	D	David Bolton	6682 Emerald Spring Loop	
Remove			New Port Richey, FL 34653	
6) Change Add	D	Cayce Hinton	2945 Tipperary Dt	
Remove			Tallahassee, FL 32309	
E. If amending or additional Articles, enter change(s) here: (attach additional sheets, if necessary) — (Be specific)				
7) X Add	D	James M. Critcher	215 Source Lane, Linden, VA 22642	
There is no change to Christopher A. Crawford				

		
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The date of each amendment(s) adoption date this document was signed.	on: May 16, 2021	_, if other than the
Effective date if applicable;		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block dodocument's effective date on the Departm	oes not meet the applicable statutory filing requirements, this date will not ment of State's records.	be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	

■ The amendment(s) was/were adopted by the members and the number of votes east 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	
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 liduciary by that (iduciary)	
William C. Bell	
(Typed or printed name of person signing)	
President	
(Title of person signing)	