## N0900000 8619

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
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(Do	cument Number)	· · · · · · · · · · · · · · · · · · ·
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Amend ne Thuris 1-21-10

## **COVER LETTER**

\*TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Palm Co	east Church T	Cnc
DOCUMENT NUMBER: NO 9 00000 8	3619	
The enclosed Articles of Amendment and fee are subm	itted for filing.	
Please return all correspondence concerning this matter	to the following:	
Carol A. H (Name of C	amilton ontact Person)	
Palm Coast (Firm/	Church	
(Firm/ C	Company)	
Po Box 35>3	56	
(Ad	dress)	
Palm Coast (City/State	Fl 3216リ and Zip Code)	<del></del>
Special blessings E-mail address: (to be used to	4 Joy @ msn. Co for fature annual report notificat	on.
For further information concerning this matter, please of	all:	
(Name of Contact Person)	_at ( <u>386_</u> ) <u>338-</u> (Area Code & Daytim	식 1년 1 e Telephone Number)
Enclosed is a check for the following amount made pay		
□\$35 Filing Fee	Cèrtified Copy (Additional copy is enclosed)	☐ \$52.50 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 Corporation Clifton Building 2661 Executive Center ( Tallahassee, FL 32301	

## Articles of Amendment to Articles of Incorporation of

FILED

Palm Coast Church INC2010 JAN 19 A 10	<b>5</b> 4
(Name of Corporation as currently filed with the Florida Dept. of State) SECRETARY OF STALLAHASSEE. FLO	TATE
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> ado the following amendment(s) to its Articles of Incorporation:	pts
A. If amending name, enter the new name of the corporation:	
Palm Coast Christian Church, Inc.  The new name must be distinguishable and contain the word "corporation" 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)  Palm Coast	Kwa
Fl. 32137	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address in Florida, enter the name of the	
new registered agent and/or the new registered office address:	
Name of New Registered Agent: Carol A Hamilton	
New Registered Office Address: 58 Rolling Fern Dr (Florida street address)	
Palm Coast Florida 32164 (City) (Zip Code)	
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of to position.	he
Signature of New Registered Agent, if changing	

Page 1 of 3

## 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)

	Add Remove Add Remove
	Remove
	Add
	Remove
E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)	
	*·- <del></del> -
	<del></del>
•	
	<u></u>

The date of each amendment(s) ado	option: <u>Dec. 31, 2009</u>
	(date of adoption is required)
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adop was/were sufficient for approval.	sted by the members and the number of votes cast for the amendment(s)
There are no members or member adopted by the board of directors.	rs entitled to vote on the amendment(s). The amendment(s) was/were
Dated Jan Signature	11, 2010 se a Samiton
(By the channel have not be	airman or vice chairman of the board, president or other officer-if directors een selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)
	Carol A Hamilton (Typed or printed name of person signing)
	Secretary (Title offnerson signing)

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