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COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPORATION: Lakewood United Methodist Preschool
DOCUMENT NUMBER: NO900011370
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Bethany K. Coleman (Name of Contact Person)
Lakewood United Methodist Church (Firm/Company)
6133 San Jose Blvd. (Address)
JackSonville, FL. 32217 (City/ State and Zip Code)
Lakewood um preschool@amail.com E-mail address: (to be used for future annual report notification)
그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그
For further information concerning this matter, please call: Bethany K. Coleman at (904) 733-9877 (Name of Contact Person) (Area Code) (Daytime Telephone Number)
(Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee L\$43.75 Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee Certificate of Status (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, FL 32301

Enclosed)

Articles of Amendment

to Articles of Incorporation

of

Lakewood Unit	ed M	ethodist	Pres	chool
(Name of Corporation			da Dept. of St	ate)
	ODOD nent Number o) 37 <i>0</i> f Corporation (if kn	own)	
Pursuant to the provisions of section 617.1006, Floramendment(s) to its Articles of Incorporation:	rida Statutes, th	nis <i>Florida Not For</i>	Profit Corpoi	ration adopts the following
A. If amending name, enter the new name of the	corporation:			
A. 1.0				The amount
N/P name must be distinguishable and contain the word "Company" or "Co." may not be used in the name		" or "incorporated	" or the abbre	The new viation "Corp." or "Inc."
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A		N/A		
				=======================================
				4
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	BOX)	N/A		:.3
				N. 10:
				5.
D. If amending the registered agent and/or registered agent and/or the new registered.			enter the nam	e of the
Name of New Registered Agent:	Jane	Moure	Wilco	Х
traine of the or the globel of the first				· · · · · · · · · · · · · · · · ·
New Registered Office Address:	N_/A	(Flo	rida street uddres	s)
				Florida
		Ciņy)		(Zip Code)
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agen	Registered Age	nt: ar with and accept t	he obligations	of the position.
	C fre	e/NU/	LOX	2
	Signa	ture of New Registe	ered Agend, if c	hanging

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	PT John D V Mike J SV Sally S	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
i) Change	***************************************	Shendan F. Amerlin	
Add Remove			
2) Change X_ Add	D	Jane M. Wilcox	9439 San Jose Blvd. #16 Jacksonville, FL. 32257
Remove 3) Change			
Add			
4) Change Add			
Remove 5) Change			
Add Remove			
6) Change			
Remove			

E. If amending or adding additional Arti (attach additional sheets, if necessary).	(Be specific)	
NIA	M	
		77
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The date of each amendment(s) adoption: date this document was signed.	July 27,	2017	, if other than th
Effective date <u>if applicable</u> : NA	o more than 90 days afte	er umendment file date)	
Note: If the date inserted in this block does to document's effective date on the Department		tatutory filing requirement	nts, this date will not be listed as the
Adoption of Amendment(s) (5	CHECK ONE)		
The amendment(s) was/were adopted by was/were sufficient for approval.	the members and the m	imber of votes cast for th	e amendment(s)
There are no members or members entit adopted by the board of directors.	led to vote on the amend	ment(s). The amendmen	nt(s) was/were
Dated July 27,	2017	_	
Signature (By,the chairman or v	vice chairman of the boar	LONCE- d, president or other offi	cer-if directors
have not been selecte		if in the hands of a receiv	
Beth	any K.Co	leman name of person signing)	
	(i ypea or printea	name or person signing)	
Cr		f the Boo	ard
	(Title	of person signing)	