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(Re	equestor's Name)					
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2017 JUN - 1 AH 9: 3
SECRETARY OF STATE
TALLAHASSEE, FLORIG

C. GOLDEN

JUN - 7 2017

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Covenant Presbyterian Church, Inc
DOCUMENT NUMBER: N 0 9 0 0 0 1 2 1 2 1
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Lea Anne Montgomery (Name of Contact Person)
Covenant Presbyterian Church, Inc. (Firm/Company)
1965 S.R. 16 (Address)
St. Augustine/FL 32084
Finances Cove gmail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Lea A. Montgomery at 386 446-8368 (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:
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) \$35 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

Articles of Amendment to

FILED

31

	Articles of Incorporation of	2017 JUN - 1 AM 9:
Covenant Presby	terian Church,	Lnc. SECRETARY OF STA
(Name of Corporation	n as currently filed with the Florida	Dept. of State) IALL ATTAGOLOGIC
		
(Doct	ument Number of Corporation (if knowr	1)
Pursuant to the provisions of section 617.1006, Flamendment(s) to its Articles of Incorporation:	orida Statutes, this Florida Not For Pro	ofit Corporation adopts the following
A. If amending name, enter the new name of t	<u>he corporation:</u>	
		The new
name must be distinguishable and contain the wo "Company" or "Co." may not be used in the na	rd "corporation" or "incorporated" or me	the abbreviation "Corp." or "Inc."
	- 	
B. Enter new principal office address, if applie (Principal office address MUST BE A STREET)		
<u> </u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	E BOX)	
D. If amending the registered agent and/or re-	gistered office address in Florida, ent	er the name of the
new registered agent and/or the new regist		
Name of New Registered Agent	Lea A Montg	omery
	1965 S.R. 16	•
V . D	(Florida	street address)
New Registered Office Addres	_	
·	_ St Augustine	Florida 32084
	(City)	(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered ag		obligations of the position.
	Fee a. Muts	Joven
·	Signature of New Registered	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: X Change X Remove X Add	V Mike	Doe Lones Smith	,
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove		Douglas M. Duggan	1965 SR 16 St Augustine, FL 3208
2) Change Add Remove	_\$	Edward J L'Hart	1965 SR 16 St Augustine, FL 32084
3) Change Add Remove	<u>T</u>	Lea A Montgomery	1965 SR 16 St Augustine, FL 32084
4) Change Add Remove	<u>VPS</u>	Ron Lantrip	5744 ALA South St Augustine, FL 32080
5) Change Add Remove	•		
6) Change Add Remove			

If amending or adding additional A (attach additional sheets, if necessary)	. (Be specific)					
		<u></u>				
						
				<u>. </u>		
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		<u>.</u>				
						

	date of each amendment(s) adoption this document was signed.	n: <u>May 1</u>	, 2017	, if other than the
Effe	ective date <u>if applicable</u> :	May 1	2017	
		(no more than 90 days a	fter amendment file date)	
<u>Not</u> doci	e: If the date inserted in this block do ument's effective date on the Departm	es not meet the applicable ent of State's records.	e statutory filing requireme	ents, this date will not be listed as the
Ado	option of Amendment(s)	(CHECK ONE)		
¥	The amendment(s) was/were adopted was/were sufficient for approval.	I by the members and the	number of votes cast for t	he amendment(s)
	There are no members or members en adopted by the board of directors.	ntitled to vote on the ame	ndment(s). The amendme	ent(s) was/were
	Dated5 30	0/2017		
	Signature	- a. Monte	\	
	have not been sel-		oard, president or other off if in the hands of a receive iciary)	
	LE		TGOMERY	
		(1 yped or printe	ed name of person signing	,
		TREASURE	2	·
		(Titl	e of person signing)	