No 9577

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PAM 2-4-15

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	URCH, INC.		÷.0	` ^	
N09577		· · · · · ·	73	一 次	
DOCUMENT NUMBER:					
The enclosed Articles of Amendment and fee are sub-	mitted for filing.			ار کرد. از کرد	ር _አ ኃላኔ
Please return all correspondence concerning this matter	er to the following:			,	2
Joel Davis					17
	(Name of Contact Person	n)	- ,	_	
Ecclesia Church, Inc			•		
	(Firm/ Company)			_	
2001 E 2nd Ave. #5					
**************************************	(Address)				
Tampa, FI 33605					
	(City/ State and Zip Code	e)		<u>ы</u>	****
iamthejoel@gmail.com			indi San	<u> </u>	i mare et
E-mail address: (to be used	for future annual report	notification)		2	1
For further information concerning this matter, please	call:		E La	AH 1:	
Joel Davis	813	951-0304	TATE ORIDA	:21	
(Name of Contact Person)		ode & Daytime Telephone	Number)		
Enclosed is a check for the following amount made pa	ayable to the Florida Depa	urtment of State:			
□ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified 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	Amend Division	Address Iment Section on of Corporations Building			

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

ECCLESIA CHURCH, INC

(Name of Corporation as currently filed with the Florida Dept. of State) N09577	
(Document Number of Corporation (if known)	

A. If amending name, enter the new name MAINSTAY TAMPA, INC.	ne of the corporat	ion:		The new	υ
name must be distinguishable and contain "Company" or "Co," may not be used in		tion" or "incorporated" or the abbr	eviation "Corp."		
B. Enter new principal office address, it	applicable:	2001 E 2ND AVE #5			
(Principal office address <u>MUST BE A ST</u>	REET ADDRESS	TAMPA, FL 33605			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2001 E 2ND AVE #5	> (₁)	h	
		TAMPA, FL 33605	77 (1) 37 (1) 11 (1)	—57 	il Il
			25 T	B ~2	- 11 - 11 - 11 - 11 - 11
D. If amending the registered agent and new registered agent and/or the new			me of the	AM	1
Name of New Registered Agent:	JOEL DAVIS	uutress.	DRIB DRIB	1:21	-
Nume of New Registered Agent.	2001 E 2ND A	VE #5	₹ +		
New Registered Office Address:		(Florida street address)	_		
New Registered Office Address.	TAMPA	, Florida	33605		
	(City)		(Zip Cod	ie)	
New Registered Agent's Signature, if ch I hereby accept the appointment as registe			ns of the position	·•	

Page 1 of 4

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 Do V Mike Jo SV Sally Si	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	Pres.	Davis, Kent G	P.O. BOX 5982
Add			TAMPA, FL 33675
X Remove			
2) Change	Sec.	Soden, Peter	P.O. Box 5982
Add	**************************************		Tampa, Fl 33675
X Remove			
3) Change	Pres.	Davis, Joel B	2001 E 2nd Ave. #5
X Add			Tampa, Fl 33605
Remove			
4) Change	Sec.	Davis, Amy L	2001 E 2nd Ave. #5
X Add	**************************************		Tampa, FI 33605
Remove			
5) Change			
Add			
Remove			
6) Change	*****		
Add			
Remove			

amending or adding additional Arti- ttach additional sheets, if necessary).	<u>cles, enter change(s) here</u> : (Be specific)	
· · · · · · · · · · · · · · · · · · ·		
· · · · ·		
· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	

	date of each amendment(s) adoption:	, if other than the
date	this document was signed.	
T) OP.	12/8/14	
EH	(no more than 90 days after amendment file date)	
Ado	option of Amendment(s) (<u>CHECK ONE</u>)	
	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.	
	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 fiduciary by that fiduciary)	
	Davis, Kent G	
	(Typed or printed name of person signing) President	
	(Title of person signing)	