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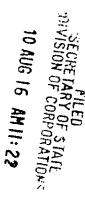
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Anare C.COULLIETTE

AUG 19 2010

**EXAMINER** 

## **COVER LETTER**

TO: Amendment Section

**Division of Corporations** NAME OF CORPORATION: United Christian Fellowship Church, Inc DOCUMENT NUMBER: 1 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: lonica BoyKing United Christian Fellowship Church Inc 5879 Ridgeway Rd East Jacksonville, Pl. 32244
(City/State and Zip Code) Boyking & Mail, Com address: (to be used for future annual report notification) For further information concerning this matter, please call: at (904) 619-6202 (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee ☐ \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

## **Articles of Amendment**

to

<b>Articles</b>	of	Incorpor	ratioi

. 1	of			
	Fellowsh		1 The	
(Name of Corporation as curr		he Florida Dept. of Sta	<u>te</u> ) '	
TV.1 000000550	096			
(Document Nu	mber of Corporati	on (if known)	<del></del>	
Pursuant to the provisions of section 617.1006 the following amendment(s) to its Articles of I		this Florida Not For Pr	ofit Corporation ac	iopts
A. If amending name, enter the new name of	of the corporation	<u>ı:</u>		
The new name must be distinguishable and a			prporated" or the	
abbreviation "Corp." or "Inc." "Company"	<u>or "Co." may not</u>	be used in the name.		
B. Enter new principal office address, if ap				
(Principal office address <u>MUST BE A STRE</u> )	ET ADDRESS )			يعسو
•				, ₹,
C. Enter new mailing address, if applicable	e:		<u>~</u>	; <u>~</u>
(Mailing address MAY BE A POST OFFICE BOX)				S
			3	문문
			=: 2	S FA
				TION TION
D. If amending the registered agent and/or new registered agent and/or the new reg			er the name of the	ŝ
	Manifes	Paul Vial		
Name of New Registered Agent:	Florica	1 JOYKING		
	5879 K	idgeway Rd da street address)	<u>E</u>	
New Registered Office Address:				
	Jacksonu	ille	_, Florida_322 (Zip Code)	44
		(City)	(Zip Code)	,
New Registered Agent's Signature, if chang	ing Registered A	gent:		
I hereby accept the appointment as registere			ot the obligations of	f the

position.

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>Preside</u> nt	Bernard Bryant	4074 Pelde Brooke C.T. 11. Orange Park, Fl. 32065	Add Remove
Vi <u>ce Presi</u> dent	Monica Boykin	5879 Ridgeway Rd E Jacksonvill, Pl. 32244	
Treasurer	Shari Baldwin	4800 Ortega Pines Apt # 503 Jacksonville, Fl. 322	Add Remove
E. If amending	g or adding additional Articles, enter c	hange(s) here:	
(attach addit	tional sheets, if necessary). (Be specific	c)	
Secretar	y Bream Hicks	- 6356 Dick	Kens Dr.
	y Breon Hicks	Jackson ville,	H. 32244
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The date of each amendment	(s) adoption: $8/11/2017$	
Effective date <u>if applicable</u> :	8/15/20 (date of adoption is required)	
	(nb more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/we was/were sufficient for appr	re adopted by the members and the number of votes cast for the amendment(s) roval.	
There are no members or radopted by the board of dir	nembers entitled to vote on the amendment(s). The amendment(s) was/were rectors.	
Signature Z (By hav	The chairman or vice chairman of the board, president or other officer-if directors e not been selected, by an incorporator – if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary)  Bernard Bryant  (Typed or printed name of person signing)	أتمر
•	(Title of person signing)	