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P!CK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
		
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPORAT	rion: Coastland 1	Church of Maples	Inc.
DOCUMENT NUMBER	. N1000000682	7	
The enclosed Articles of	Amendment and fee are submit	tted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
	Name of Co	ntact Person)	
	(Firm/ C	ompany)	
30	001 Santa Ba	rbara Blud. Iress)	
	yples, FC 3411 (City/State a	پ) nd Zip Code)	· · · · · · · · · · · · · · · · · · ·
Pas	or jesse jones @ E-mail address (to be used to	yahoo.com or future annual report notification	on)
For further information co	oncerning this matter, please ca	d1 :	
Traci Jo (Name of C	ONES Contact Person)	at (239) 628 - ((Area Code & Daytime	OLL Z Telephone Number)
Enclosed is a check for the	e following amount made paya	ible to the Florida Department of	State:
С	\$43.75 Filing Fee & ertificate of Status	Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
P.O. Box 6	nt Section f Corporations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Ci Tallahassee, FL 32301	rcle

Articles of Amendment to Articles of Incorporation of

Coastland Churci	h of Naples, Inc.	
(Name of Corporation as currently file	d with the Florida Dept. of State)	
N1000600683	37	
(Document Number of Co	orporation (if known)	
Pursuant to the provisions of section 617.1006, Florida S the following amendment(s) to its Articles of Incorporati	Statutes, this Florida Not For Profit Corporation adopts ion:	
A. If amending name, enter the new name of the corp	poration:	
Southcoast Fellows	hip. Inc.	
The new name must be distinguishable and contain the abbreviation "Corp." or "Inc." "Company" or "Co." n	may not be used in the name.	_ (
B. Enter new principal office address, if applicable:	3001 Santa Barbara	Blvd.
(Principal office address <u>MUST BE A STREET ADDR</u>	Naples Fl 34116	
		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3001 Santa Barbara	Blvd.
(maining wantess (MATA MATA TO E OF FICE DOTS)	Naples, fl 34116	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	12
	(City) , Florida (Zip Code)	44
New Registered Agent's Signature, if changing Regist	tered Agent:	
I hereby accept the appointment as registered agent.	I am familiar with and accept the obligations of the	:
position.		

Page 1 of 3

Signature of New Registered Agent, if changing

The date of each amendment(s) adoption: 5-31-11
Effective date if applicable: 5-3 -(date of adoption is required)
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
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 5-31-11
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)
DY. Jesse M. Jones (Typed or printed name of person signing)
President (Title of person signing)

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