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/RPORATIO	ON:	urch of Marion Cour	ity, Inc		
MENT NUMBER:	N10000007154				
The enclosed Articles of An	nendment and fee are subm	nitted for filing.			
Please return all correspond	ence concerning this matte	er to the following:			
Jeremy L Trout					
	- ·	(Name of Contact Pe	rson)		
SonRise Christian Church o	f Marion County, Inc				
		(Firm/ Company)		
11150 SW 109th PL					
 .		(Address)			
Dunnellon FL 34432					
		(City/ State and Zip (Code)		•
sonrisecc@live.com					
l.	-mail address: (to be used	for future annual rep	ort notification	1)	
For further information con-	cerning this matter, please	call:			
Jeremy L Trout		at	352	533-0918	
	(Name of Contact Person)		(Area Code)	(Daytime Telephone Nu	mber)
Enclosed is a check for the f	following amount made pa	yable to the Florida I	Department of	State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	O Filing Fee icate of Status ied Copy tional Copy is used)	

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 **Street Address**

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

SonRise Christian Church of Marion County, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N10000007154 (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: N/A name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: (Florida street address) New Registered Office Address: N/A Florida (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of 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)

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 Sr	ones .	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add	<u>D</u>	Paul J Murphy	3101 SW 34th Ave 905-134 Ocala FL 34474
x Remove			
2) Change Add	<u>D</u>	Mark L Trout	11150 SW 109th PL Dunnellon FL 34432
x Remove 3) Change x Add Remove	<u>D</u>	Douglas Jon Straver	13805 SW 114th ST Dunnellon FL 34432
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional sheet		cles, enter change(s) here: (Be specific)	
Article IX shall be amend	ed in its entirety to	read as follows:	
Article IX			
In the event of the dissolution	tion of SonRise Cl	hristian Church of Marion County, Inc. the la	ad buildings and furnishings will

be sold and the proceeds will be given to:		
The Christian Restoration Association		
7133 Central Parke Blvd		
Mason OH 45040		
The date of adoption of the amendment was	January 29, 2023.	
		<u>-</u>
The date of each amendment(s) adoption: date this document was signed.	January 29, 2023	, if other than the
-		
Effective date if applicable: (n	no more than 90 days after amendment file date)	
Note: If the date inserted in this block does document's effective date on the Departmen	not meet the applicable statutory filing requirements, this date will not be at of State's records.	e listed as the
Adoption of Amendment(s) ((CHECK ONE)	
The amendment(s) was/were adopted b was/were sufficient for approval.	by the members and the number of votes cast for the amendment(s)	

adopted by the board of directors.	
January 29, 2023 Dated	
Dated	
Signature Somy L. Mout	
(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)	
Jeremy L Trout	
(Typed or printed name of person signing)	
President	
(Title of person signing)	

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were