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| Special Instructions to | Filing Officer: | |
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Office Use Only



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NC AMO MAR 10 2015

R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

| Open Circle Metrop | politan Community Chu | rch at the Villages, Inc. |
|--|---|---|
| DOCUMENT NUMBER: N1000007 | 981 | |
| The enclosed Articles of Amendment and fee are subr | mitted for filing. | |
| Please return all correspondence concerning this matte | er to the following: | |
| Regina Bradshaw, Clerk | of the Boar | rd |
| | (Name of Contact Person | 1) |
| Open Circle MCC | | |
| | (Firm/ Company) | |
| PO Box 536 | | |
| | (Address) | |
| Oxford, FL 34484 | | |
| | (City/ State and Zip Code | e) |
| www.opencirclem | cc.org | |
| E-mail address: (to be used | for future annual report | notification) |
| For further information concerning this matter, please | call: | |
| Regina Bradshaw | 352 | 753-0260 |
| (Name of Contact Person) | (Area Co | ode & Daytime Telephone Number) |
| Enclosed is a check for the following amount made par | yable to the Florida Depa | artment 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 Tallahassee, FL 32314 | Amend Divisio Clifton 2661 E | Address ment Section on of Corporations Building xecutive Center Circle assee, FL 32301 |

Articles of Amendment

to
Articles of Incorporation

15 MAR -9 MUNICIPALITY

Open Circle Metropolitan Community Church at the Villages, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

N10000007981

(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:

| name must be distinguishable and contain th "Company" or "Co." may not be used in th | | n" or "incorporated" or the abbr | The neeviation "Corp." or "Inc |
|---|---------------------------|---|--------------------------------|
| B. Enter new principal office address, if a (Principal office address) | pplicable: | N/A | |
| C. Enter new mailing address, if applical (Mailing address MAY BE A POST OF | | N/A | |
| D. If amending the registered agent and/onew registered agent and/or the new r | | | ne of the |
| <u> </u> | | | |
| Name of New Registered Agent: | Regina Brads | haw | |
| Name of New Registered Agent: | Regina Brads 23 SE HWY | | |
| Name of New Registered Agent: A New Registered Office Address: | Regina Brads 23 SE HWY | haw 466, Apt 4105 orida street address) | 32159 |
| Name of New Registered Agent: A New Registered Office Address: | Regina Brads 23 SE HWY | haw 466, Apt 4105 orida street address) | 32159 (Zip Code) |

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 | <u>V</u> <u>Mik</u> | n <u>Doe</u> re <u>Jones</u> y <u>Smith</u> | |
|----------------------------------|---------------------|---|-----------------------|
| Type of Action (Check One) | Title | <u>Name</u> | <u>Addres</u> s |
| 1) Change | <u>D</u> | Carol Chambers | |
| X Remove | | | |
| 2) Change | <u>C</u> | Jim Lynch | 15706 SW 46 Circle |
| X Add | | | Marion Oaks, FL 34473 |
| Remove | | | |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | <u>_</u> | | |
| Add | | | |
| Remove | | | |

| If amending or adding additional Art (attach additional sheets, if necessary). | (Be specific) |
|--|---------------|
| N/A | |
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| | e date of each amendment | | , if other than the |
|-----|--|---|---------------------|
| | e this document was signed ective date <u>if applicable</u> : | N/A | |
| | | (no more than 90 days after amendment file date) | |
| Ada | option of Amendment(s) | (<u>CHECK ONE</u>) | |
| | The amendment(s) was/w was/were sufficient for ap | were adopted by the members and the number of votes cast for the amendment(s) opproval. | |
| | There are no members or adopted by the board of o | members entitled to vote on the amendment(s). The amendment(s) was/were directors. | |
| | Dated | 3-5-2015 | |
| | Signature | a-mynd | |
| | have 1 | chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary) | |
| | J, | AMES LYNCH | |
| | | (Typed or printed name of person signing) | |
| | | NTERIM PASTOR | |
| | | (Title of person signing) | |