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## COVER LETTER

NAME OF CORPORATION DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: (Firm/ Company) For further information concerning this matter, please call: (Name of Contact Person) 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 Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy is enclosed) Enclosed)

# **Mailing Address**

TO: Amendment Section
Division of Corporations

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

# Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

# **Articles of Amendment**

to

**Articles of Incorporation** 

of

SAINT YETER ORTHODOX	X CHURCI	+ OF SOUTHWEST FL	ORIDA, INC
(Name of Corporation as curr	ently filed with the	Florida Dept. of State)	· J ·
$\lambda I / \Delta \Delta \Delta \Delta$	100973	3	
(Document Nur	nber of Corporation	(if known)	_
Pursuant to the provisions of section 617.1006, Florida Statamendment(s) to its Articles of Incorporation:	utes, this <i>Florida N</i>	ot For Profit Corporation adopts the follow	ing
A. If amending name, enter the new name of the corpor SAINT PETER ANTIOCHIP name must be distinguishable and contain the word "corpor "Company" or "Co." may not be used in the name.	AN ORTHO	DDOX CHURCH INC <sub>The no</sub> rated" or the abbreviation "Corp." or "Inc	ยพ . "
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRES</u>	<u>s</u> )	V/A	_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A	_ _
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office		rida, enter the name of the	
Name of New Registered Agent:	/	U/A ≥	
New Registered Office Address:		(Florida street address)	- Alexandra
		, Florida	_
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registere hereby accept the appointment as registered agent. I am j	d Agent: Camiliar with and ac	cept the obligations of the position.	
	Signature of New M	A existered 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 Sı	<u>ones</u>	NA	
Type of Action (Check One)	<u>Title</u>	Name	,	<u>Addres</u> s
1) Change			<del></del> .	
Add Remove				
2) Change			<del></del> .	
Add Remove				
3 ) Change			<u> </u>	
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4) Change			<u></u> .	
Remove				
5) Change Add				
Remove				
6) Change				
Remove				

E. If amending or adding additional Articles, enter change(s) here:						
(attach additional sheets, if necessary).	(Be specific)					
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Γhe	e date of each amendment(s) adopti	on:	, if other than the
	e this document was signed.	MAY 13, 2015	DECASTARY ( ) AND DIVISION OF CONTROL MAY
		(no more than 90 days after amendment file da	15 MAY 18 AM 10: 28
	te: If the date inserted in this block do ument's effective date on the Departm	oes not meet the applicable statutory filing requirement of State's records.	
Ado	option of Amendment(s)	(CHECK ONE)	
Ø	The amendment(s) was/were adopte was/were sufficient for approval.	ed by the members and the number of votes cast for	or the amendment(s)
	There are no members or members of adopted by the board of directors.	entitled to vote on the amendment(s). The amend	lment(s) was/were
	Dated MAY	13, 2015	. 1
	Signature	Calle The A	<u></u>
	have not been se	or vice chairman of the board, president or other lected, by an incorporator – if in the hands of a reinted fiduciary by that fiduciary)	
		JOHN E. LONG,	JR.
		(Typed or printed name of person signi	ing)
		PRESIDEN 7	
		(Title of person signing)	