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PICK-UP		MAIL
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Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	
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Division of Corporations TO: Amendment Section

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#### NAME OF CORPORATION: Impact Church, Inc.

#### DOCUMENT NUMBER: N11000002131

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

## Sherry Pickett

(Name of Contact Person)

(Firm/ Company)

### PO Box 482

(Address)

Graceville, FL 32440

(City/ State and Zip Code)

# moo.lismy@fftbeqmi

E-mail address: (to be used for future annual report notification)

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(Additional copy is

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For further information concerning this matter, please call:

Sherry Pickett

🗐 \$35 Filing Fee

(Name of Contact Person)

(Area Code & Daytime Telephone Number) 028\_15.

703-7882

Enclosed is a check for the following amount made payable to the Florida Department of State:

243.75 Filing Fee & □\$43.75 Filing Fee &

Certificate of Status

Enclosed) si vqoD IsnoitibbA) Certified Copy Certificate of Status 552.50 Filing Fee

Street Address

Tallahassee, FL 32301 2661 Executive Center Circle gnibling nofilD Division of Corporations Amendment Section

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

	Arti	cles of Amendment to			
, · · · ·	Artic	les of Incorporation	FIL	FD	
Impact Church, Inc.		of	1 11-	_	
(Name of Corporation as currently file	d with the F	lorida Dept. of State)	- 1014 101 - 7	AM 8: 42	
N11000002131		<u>iona populari state</u> /	in the second se	OF STATE	
(Document	Number of	Corporation (if known)	<u>16, [], 18600</u>	LLITCOMD	
ursuant to the provisions of section 617.1006, mendment(s) to its Articles of Incorporation:	Florida Statı	utes, this <i>Florida Not F</i>	***	ion adopts the follo	wing
. If amending name, enter the new name of	the corpora	ation:			
mpact Center of Grace	ville, Ir	IC.		The	nou
name must be distinguishable and contain the w <b>Company</b> " or <b>"Co." may not be used in the n</b>		ration" or "incorporate	ed" or the abbrevia	tion "Corp." or "In	<b>1</b> С. ''
		N/A			
B. <u>Enter new principal office address, if app</u> Principal office address <u>MUST BE A STREE</u>			·····	<u></u>	
		·····			
		N/A			
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFIC</u>		N/A			
		N/A			
		N/A			
). If amending the registered agent and/or r	<u>CE BOX</u> ) egistered off	fice address in Florida	, enter the name (	<u>of the</u>	
(Mailing address <u>MAY BE A POST OFFIC</u> ). If amending the registered agent and/or r <u>new registered agent and/or the new regis</u> N1/4	<u>CE BOX</u> ) egistered office	fice address in Florida	, enter the name of	<u>of the</u>	
(Mailing address <u>MAY BE A POST OFFIC</u> ) . <u>If amending the registered agent and/or r</u>	<u>CE BOX</u> ) egistered office	fice address in Florida	, enter the name of	<u>of the</u>	
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(Mailing address <u>MAY BE A POST OFFIC</u> <u>If amending the registered agent and/or r</u> <u>new registered agent and/or the new regis</u> <u>Name of New Registered Agent</u> : <u>N/A</u> <u>New Registered Office Address</u> :	<u>egistered off</u>	fice address in Florida	, enter the name (	of the	
(Mailing address <u>MAY BE A POST OFFIC</u> ) b. <u>If amending the registered agent and/or r</u> <u>new registered agent and/or the new regis</u> <u>Name of New Registered Agent</u> : <u>N/A</u>	<u>egistered off</u>	fice address in Florida address:	, enter the name of	<u>of the</u>	

Signature of New Registered Agent, if changing

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)

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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: <u>X</u> Change <u>X</u> Remove <u>X</u> Add	PTJohn DoeVMike JonesSVSally Smith				
<u>Type of Action</u> (Check One)	Title	Name	<u>Addres</u> s		
1) Change	CFO	Karen Chumley	2705 Emmett Lane		
Add			Marianna, FL		
X Remove			32446		
2) Change	S	Destra Moses	503 East Evans Ave.		
Add			Bonifay, FL		
X Remove			32425		
3) Change	D	Cozette Omani Mensah	1198 Sanders Ave Apt. # 21		
X Add			Graceville, FL		
Remove			32440		
- 4) Change	DT	Gloria Jones	1198 Sanders Ave Apt. # 8		
X Add			Graceville, FL		
Remove			32440		
5) Change	D	Jimmy Washington	1880 Hartford Hwy Apt. G-36		
X Add			Dothan, AL		
Remove			36301		
6) Change					
Add					
Remove					
		Page 2 of 4			

E.	If amending	or adding	additional	Articles,	enter	change(s)	here:
		or wearing					_

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(attach additional sheet's, if necessary). (Be specific)

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N/A	
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Page 3 of 4

The date of each amendment(s) adoption: June 7, 2014 date this document was signed.

Effective date if applicable:

(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.

July 1, 201 Dated 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)

Mark Pickett

(Typed or printed name of person signing)

President, Sr. Pastor

(Title of person signing)

, if other than the