N11000003063

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Thank you so much for your Help

FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 12, 2011

CAROLYN GRAVES
2611 SW ICHETUCKNEE AVE
LAKE CITY, FL 32024

SUBJECT: CIRCLE CROSS COWBOY CHURCH OF LAKE CITY, FLORIDA, INC
Ref. Number: N11000003063

We have received your document for CIRCLE CROSS COWBOY CHURCH OF LAKE CITY, FLORIDA, INC and your check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed 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.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 211A00016589

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Circle Cross Cowboy Church of Lake City, Florida, Inc

DOCUMENT NUMBER: N11 00000 3063

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

Please return all correspondence concerning this matter to the following:

CAROLYN C RAVES
(Name of Contact Person)

(Firm/ Company)

2611 SW Ichetucknee Ave
(Address)

LAKE City, FL 32024
(City/ State and Zip Code)

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

For further information concerning this matter, please call:

CAROLYN C RAVES at (386) 755-4392
(Name of Contact Person) (Area Code & Daytime Telephone Number)

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

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

Articles of Amendment
to
Articles of Incorporation
of

Circle Cross Cowboy Church of Lake City, Florida, Inc
(Name of Corporation as currently filed with the Florida Dept. of State)

N11000003063
(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:

_____

*The new 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.***

B. Enter new principal office address, if applicable: _____
(Principal office address MUST BE A STREET ADDRESS)

_____

_____

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX) _____

_____

_____

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11 JUL 19 AM 8:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: _____

_____

New Registered Office Address: *(Florida street address)*

_____, 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)

Title	Name	Address	Type of Action
_____	_____	_____	☐ Add ☐ Remove
_____	_____	_____	☐ Add ☐ Remove
_____	_____	_____	☐ Add ☐ Remove

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

N11000003063

AMENDING OFFICERS AND/OR DIRECTORS

CORRECTION OF NAMES

OLD INCORRECT NAME	NEW CORRECT NAME
FRED G, GRAVES	FREDRICK H. GRAVES
SECRETARY/ TREASURER	SECRETARY/TREASURER
2611 SW ICHETUCKNEE AVE	2611 SW ICHETUCKNEE AVE
LAKE CITY, FL 32024	LAKE CITY, FL 32024
ZACHERY D. DOUGLAS	ZACHERY Q. DOUGLAS
DIRECTOR	DIRECTOR
1733 SW CR 240	1733 SW CR 240
LAKE CITY, FL 32025	LAKE CITY, FL 32025

ADD: DIRECTOR

IRWIN N. HARTLEY JR. "SONNY"

132 NE ERIK WAY

LAKE CITY, FL. 32055

The date of each amendment(s) adoption: 7/15/11
(date of adoption is required)

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.

Dated 07-15-11

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)

Fredrick H. Graves
(Typed or printed name of person signing)

SECRETARY/TREASURER
(Title of person signing)