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COVER LETTER

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COVER LETTER	
TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: LAKE COMO CONNEXIONS CHURCH DETHE	VAZARENE
DOCUMENT NUMBER: W 11 114	····
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
OLIVER R. PHILLIPS	
(Name of Contact Person)	
(Firm/ Company)	
1551 LEE KOAD	
(Address)	
ORLANDO, FL 32810	
(City/ State and Zip Code)	
PAULETTE, PLAYER & VAHOO, COM E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
PAULETTE PLAYER # 407-719-7582	
(Name of Contact Person) (Area Code) (Daytime Telephone No	ımber)
Enclosed is a check for the following amount made payable to the Florida Department of State:	
S35 Filing Fee Certificate of Status Certifi	I

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

LAKE COMO CONNEXIONS	5 CHL	irct Di	- THE	NAZAREN	E IN
(Name of Corporation	n as currently	filed with the	Florida Dept	. of State)	,
N 11/14					
(Docum	ment Number	of Corporation	(if known)		
Pursuant to the provisions of section 617.1006, Flo amendment(s) to its Articles of Incorporation:	orida Statutes,	this <i>Florida No</i>	t For Profit (Corporation adopts the	following
A. If amending name, enter the new name of the	e corporation	1:			
CONNEXION POINTE Coname must be distinguishable and contain the word	HURCH	OF THE	E NAZ	ANTENE INC.	_The new
"Company" or "Co." may not be used in the name	а согрогано ц.	n or incorpor	raiea or the i	avoreviation Corp. (or inc.
B. Enter new principal office address, if applica	able:	1551	LEE	ROAD	
(Principal office address <u>MUST BE A STREET A</u>	<u>IDDRESS</u>) _	DRIAN	JOD, F	L 32810	
	_		•		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)	1551	LE	ROAD	
		ORLAN	DO, I	FL32810	
D. If amounting the maintained agent and/or main		adduses in Man	:d=44b-		
D. If amending the registered agent and/or registered agent and/or the new registered			nia, enter the	Baine of the	ŧ
Name of New Registered Agent:	_OL	IVER	R. F	HILLIPS	
	155	I LEE	: Ro	AD.	
Now Besiden J. Office Address		<u> </u>	(Florida street	address)	
<u>New Registered Office Address</u> :		- ~			-J. A
	DRU	ANDO		, Florida <u>30 8</u> (Zip Code)	<u>;70</u>
		(City)		(Zip Code)	
New Registered Agent's Signature, if changing I	Registered Ag	ent:			
I hereby accept the appointment as registered agen	nt. I am famil	ur with ardi acc	ept the obliga	utions of the position.	
•		Klick	Me		
_	8/gA	ature of New Re	gistered Ager	nt, 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 So	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change			
Add			
2) Change			
Add			
3) Change			
Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change			
Add	·	•	

f amending or adding additional Artitach additional sheets, if necessary).	(Be specific)					
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The date of each amendment(s) adop	tion:	, if other than the
date this document was signed. Effective date <u>if applicable</u> :	6 09 2016 (no more than 90 days after am	andment file date)
Note: If the date inserted in this block document's effective date on the Depar	does not meet the applicable statute	ory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adop was/were sufficient for approval.	ted by the members and the number	r of votes cast for the amendment(s)
There are no members or members adopted by the board of directors.	s entitled to vote on the amendment	(s). The amendment(s) was/were
Dated 06	09/2016	
have not been s	nor vice chairman of the board, pre- elected, by an incorporator – if in the ointed fiduciary by that fiduciary)	
_00	IVER R, PHIU (Typed or printed name	of person signing)
$\tilde{\cdot}$	10400000	1

(Title of person signing)