N12000001137

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only

1169-



700328411927

05/08/19--01028--317 **52.30

2020 :---- - S PH 1: 0.6

C GOLDEN
JUN 1 0 2020

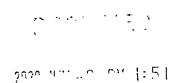
COVER LETTER

TO: Amendment Section Division of Corporations

The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: GAYLE Boothe (Name of Contact Person) Moment um Church Gulf Breeze, Inc. (Firm/ Company) 3990 Gulf Breeze Parkway (Address) Gulf Breeze, FL 32563 (City/ State and Zip Code) E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Gayle Boothe (Name of Contact Person) (Name of Contact Person) Enclosed is a check for the following amount made payable to the Florida Department of State: Certificate of Status Certificate Copy (Additional Copy is enclosed)	NAME OF CORPORATION: MOMENTUM CHURCH GULF BREEZE INC.
The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: GAYLE Boothe (Name of Contact Person) Moment um Church Gulf Breeze, Inc. (Firm/Company) 3990 Gulf Breeze Parkway (Address) Gulf Breeze, FL 33563 (City/State and Zip Code) Gayle Moment um Church Church ORG E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Gayle Boothe (Name of Contact Person) (Area Code) (Daytime Telephone Number) Einclosed is a check for the following amount made payable to the Florida Department of State: Certificate of Status Certificate Copy (Additional Copy is enclosed)	1112000001125
Please return all correspondence concerning this matter to the following: GAYLE BOOTHE (Name of Contact Person) Moment um Church Gulf Breeze, Inc. (Firm/ Company) 3990 Gulf Breeze Farkway (Address) Gulf Breeze, FL 32563 (City/ State and Zip Code) Gayle @ Moment um Church ORG E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Gayle Boothe (Name of Contact Person) Inclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee Certificate of Status Certificate Copy (Additional Copy is enclosed) (Additional Copy is Enclosed)	DOCUMENT NUMBER: 10 (& 90000 () 5)
(Name of Contact Person) Moment um Church Gulf Breeze, Inc. (Firm/ Company) 3990 Gulf Breeze Parkway (Address) Gulf Breeze, FL 32563 (City/ State and Zip Code) Gayle & Moment um Church Org E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Gayle Boothe (Name of Contact Person) Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee S43.75 Filing Fee & S43.75 Filing Fee & S25.50 Filing Fee Certificate of Status Certificate of Status Certificate Opy (Additional copy is enclosed) Enclosed)	The enclosed Articles of Amendment and fee are submitted for filing.
(Name of Contact Person) Moment um Church Gulf Breeze, Inc. (Firm/ Company) 3990 Gulf Breeze farkway (Address) Gulf Breeze, FL 325 63 (City/ State and Zip Code) Gayle @ Moment um Church or ORG E-mail address: (to be used for future annual report notification) 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: (S335 Filing Fee S43.75 Filing Fee S43.75 Filing Fee S4dditional copy is enclosed) (Additional Copy is Enclosed)	Please return all correspondence concerning this matter to the following:
Moment um Church Gulf Breeze, Inc. (Firm/ Company) 3990 Gulf Breeze farkway (Address) Gulf Breeze, FL 33563 (City/ State and Zip Code) Gayle @ Moment um Church . ORG E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Gayle Boothe (Name of Contact Person) (Name of Contact Person) Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed) (Additional Copy is Enclosed)	Gayle Boothe
Gulf Breeze farkway (Address) Gulf Breeze f FL 33563 (City/ State and Zip Code) Gayle Momentum Church ORG E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Gayle Boothe (Name of Contact Person) (Name of Contact Person) Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee S43.75 Filing Fee \$ S43.75 Filing Fee \$ S252.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) (Additional Copy is Enclosed)	(Name of Contact Person)
Gulf Breeze farkway (Address) Gulf Breeze f FL 33563 (City/ State and Zip Code) Gayle Momentum Church ORG E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Gayle Boothe (Name of Contact Person) (Name of Contact Person) Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee S43.75 Filing Fee \$ S43.75 Filing Fee \$ S252.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) (Additional Copy is Enclosed)	Momentum Church Gulf Breeze, INC.
Gulf Breeze, FL 335 63 (City/ State and Zip Code) Gayle @ Momentum Church . ORG E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Gayle Boothe (Name of Contact Person) (Name of Contact Person) Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee S43.75 Filing Fee & S43.75 Filing Fee & S252.50 Filing Fee Certificate of Status Certificate of Status Certificate Opy (Additional copy is enclosed) (Additional Copy is Enclosed)	(Firm/ Company)
Gulf Breeze, FL 335 63 (City/ State and Zip Code) Gayle @ Momentum Church . ORG E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Gayle Boothe (Name of Contact Person) (Name of Contact Person) Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee S43.75 Filing Fee & S43.75 Filing Fee & S252.50 Filing Fee Certificate of Status Certificate of Status Certificate Opy (Additional copy is enclosed) (Additional Copy is Enclosed)	2990 Gulf Breeze Parkway
(City/ State and Zip Code) Gayle @ Momentum Church . ORG E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Gayle Boothe at 850 - 23 2 - 6805 (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: S35 Filing Fee S43.75 Filing Fee S43.75 Filing Fee S52.50 Filing Fee Certificate of Status (Additional copy is enclosed) (Additional Copy is Enclosed)	(Address)
(City/ State and Zip Code) Gayle @ Momentum Church . ORG E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Gayle Boothe at 850 - 23 2 - 6805 (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: S35 Filing Fee S43.75 Filing Fee S43.75 Filing Fee S52.50 Filing Fee Certificate of Status (Additional copy is enclosed) (Additional Copy is Enclosed)	Gulf Breeze, FL 32563
For further information concerning this matter, please call: Cayle Boothe (Name of Contact Person) Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee S43.75 Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee Certificate of Status (Additional copy is enclosed) (Additional Copy is Enclosed)	(City/ State and Zip Code)
For further information concerning this matter, please call: Cayle Boothe (Name of Contact Person) Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee S43.75 Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee Certificate of Status (Additional copy is enclosed) (Additional Copy is Enclosed)	Gayle @ Momentum church. ORG
Cayle Boothe (Name of Contact Person) Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee	
Enclosed is a check for the following amount made payable to the Florida Department of State: \$\Begin{array}{c c c c c c c c c c c c c c c c c c c	
Enclosed is a check for the following amount made payable to the Florida Department of State: \$\Begin{array}{c c c c c c c c c c c c c c c c c c c	Gaule Boothe 31 850-232-6805
Enclosed is a check for the following amount made payable to the Florida Department of State: \$\Begin{array}{c c c c c c c c c c c c c c c c c c c	(Name of Contact Person) (Area Code) (Daytime Telephone Number)
Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed)	
	Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is
Mailing Address Amendment Section Street Address Amendment Section	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301





FLORIDA DEPARTMENT OF STATE Division of Corporations

May 14, 2019

GAYLE BOOTHE 2990 GULF BREEZE PARKWAY GULF BREEZE, FL 32563

SUBJECT: MOMENTUM CHURCH GULF BREEZE, INC.

Ref. Number: N12000001137

We have received your document and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 319A00009737

Articles of Amendment Articles of Incorporation

2020.""-8 PH 1:06

***************************************	of 2020 " " - 8 P;
Momentum Church Gulf	
	ly filed with the Florida Dept. of State)
N1200001137	
(Document Number	er of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes amendment(s) to its Articles of Incorporation:	s, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation	on:
name must be distinguishable and contain the word "corporate" "Company" or "Co." may not be used in the name.	The new ion" or "incorporated" or the abbreviation "Corp." or "Inc."
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)	2990 Gulf Breeze Parkway Gulf Breeze, FL 32563
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2990 Gulf Breeze Parkway Gulf Breeze, FL 32563
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office as Name of New Registered Agent:	ddress:
New Registered Office Address:	BREEZE FORKWAY (Florida street address) - Breeze Forida 32563 (City) (Zip Code)
New Registered Agent's Signature, if changing Registered . I hereby accept the appointment as registered agent. I am fan	Agent: niliar with and accept the obligations of the position.
N A	}
Si	gnature 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)

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>Mil</u>	n Doe te Jones y Smith	
Type of Action (Check One)	<u>Tide</u>	<u>Name</u>	Address
1) Change Add Remove	<u>D</u>	Steve Bassham	2549 Cove Road Navarre, FL 3256
2) Change Add Remove			
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

E. If amending or adding additional Art	icles, enter chang	e(s) here:				
(attach additional sheets, if necessary).	(Be specific)					
A						
NA			<u>_</u> .			<u>_</u> _
						_
	-					
	·····		_	· · · · · · · · · · · · · · · · · · ·		
						
		-,. .			_	
				· · · · · · · · · · · · · · · · · · ·		
						
				 .		
				<u> </u>		
		 -				
	· · · · · · · · · · · · · · · · · · ·					
				 -	 	
			-			
						
	***	<u>-</u>	 -	<u> </u>		
	 	-		<u> </u>		

	e date of each amendment(s) adoption: HPRI 30, 2019 e this document was signed.	_, if other than the
Eff	fective date if applicable: APRIL 30, 2019	
	(no more than 90 days after amendment file date)	<u> </u>
Not doc	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be tument's effective date on the Department of State's records.	oe listed as the
Ade	option of Amendment(s) (CHECK ONE)	
Ø	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 April 30,2019	
	Signature Laule Sooth	_
	(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)	
	Gayle Brothe	
	(Typed or printed name of person signing)	
	TREASURER	
	(Title of person signing)	