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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

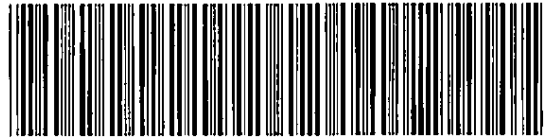
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: SALEM, FREE SEVENTH DAY ADVENTISTS, INC.

DOCUMENT NUMBER: N1200000

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

Please return all correspondence concerning this matter to the following:

ANTOINE ALEXANDRE

Name of Contact Person

N/A

Firm/ Company

P.O. Box 682338

Address

ORLANDO, FLORIDA 32868

City/ State and Zip Code

antoinea@live.com

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

For further information concerning this matter, please call:

ANTOINE ALEXANDRE

Name of Contact Person

at (407) 928-0690

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 26, 2023

ANTOINE ALEXANDRE
P.O. BOX 682338
ORLANDO, FL 32868 US

SUBJECT: SALEM, FREE SEVENTH DAY ADVENTISTS, INC.
Ref. Number: N12000002174

We have received your document for SALEM, FREE SEVENTH DAY ADVENTISTS, INC.. However, the document has not been filed and is being returned for the following:

The wrong form was submitted, attached is the proper form for your convenience.

If you have any further questions concerning your document, please call (850) 245-6000.

Summer Chatham
Regulatory Specialist III
Director's Office

Letter Number: 423A00014370

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: SALEM, FREE SEVENTH DAY ADVENTISTS, INC

DOCUMENT NUMBER: N12000002174

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Please return all correspondence concerning this matter to the following:

ANTOINE ALEXANDRE

(Name of Contact Person)

N/A

(Firm/ Company)

1873 SCRUB JAY RD

(Address)

Apopka, Florida 32703

(City/ State and Zip Code)

antoinea@live.com

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

For further information concerning this matter, please call:

Antoine Alexandre

(Name of Contact Person)

at 407-928-0690

(Area Code) (Daytime Telephone Number)

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

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
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(Additional Copy is
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|--|--|---|--|

Mailing Address

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Street Address

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Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

SALEM, FREE SEVENTH DAY ADVENTISTS, INC.
(Name of Corporation as currently filed with the Florida Dept. of State)

N12000002174
(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:

SALEM, FREE SEVENTH DAY ADVENTISTS Church, INC 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)

6905 Beggs Rd.
Orlando, FL 32810

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

P.O. Box 682338
Orlando, FL 32863

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: NO Change

(Florida street address)

New Registered Office Address:

NO Change 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.

NO Change
Signature of New Registered Agent, if changing

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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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove		<u>NO Change</u>	
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove		<u>NO Change</u>	
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove		<u>NO Change</u>	
4) <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>SEC</u>	<u>Yvonne Sylveus</u> <u>Yvonne Sylveus</u> <u>Fabiola Juste</u>	<u>8315 SNOWFIRE DR.</u> <u>ORLANDO, FL 32818</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>COUN</u>	<u>Charles, Past. MAX E.</u> <u>NEW Address: 41599 SHANE ROAD.</u> <u>Old Address: 908 SOUTHERN OAK LN. APOPKA, FL 32712</u>	<u>41599 SHANE ROAD</u> <u>LEESBURG, FL 34788</u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove		<u>NO Change</u>	

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

(attach additional sheets, if necessary). (Be specific)

NO Change

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The date of each amendment(s) adoption: 04/08/2023, if other than the date this document was signed.

Effective date if applicable: N/A
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 07-22-2023

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)

ANTOINE ALEXANDRE

(Typed or printed name of person signing)

President

(Title of person signing)

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