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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	vument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
,		





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COVER LETTER

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TO: Amendment Section Division of Corporations

NAME OF CORPORATION: FLORIDA	INTER	RFAITH	INSTITUTE, INC.
DOCUMENT NUMBER: N12000005	5562		
The enclosed Articles of Amendment and fee are sub-	mitted for fili	ing.	
Please return all correspondence concerning this matter	er to the follo	owing:	
BRYAN FULWIDER			
	(Name of Co	ontact Person)	
	(Firm/ (Company)	
PO BOX 3310			
	(Ad	dress)	
WINTER PARK, FL 327	90-33	10	
	(City/ State	and Zip Code)	
BRYAN@BUILDI			
E-mail address: (to be used		nnual report no	tification)
For further information concerning this matter, please	call:		
BRYAN FULWIDER	at (407	900-0650
(Name of Contact Person)		(Area Cod	e & Daytime Telephone Number)
Enclosed is a check for the following amount made pa	ayable to the	Florida Depart	ment of State:
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	□\$43.75 Fi Certified ((Additional enclosed)	Copy al copy is	S52.50 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		Division Clifton E 2661 Exc	ent Section of Corporations

Articles of Amendment Articles of Incorporation

FLORIDA INTERFAITH INSTITUTE, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

N12000005562

(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

231 N INTERLACHEN AVE. WINTER PARK, FL 32789 Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: BRYAN G FULWIDER 1000 HOLT AVE (Florida street address) WINTER PARK Florida 32789	ame must be distinguishable and cont Company" or "Co." may not be used		tion" or "incorporated" o	or the abbreviation "Corp." o	
Principal office address MUST BE A STREET ADDRESS WINTER PARK, FL 32789 - Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) - United Winter Park, FL 32790-3310 - United Winter Park, FL 32790-3310	Enter new principal office addres	s, if applicable:	231 N INTERLACHEN AVE.		
Mailing address MAY BE A POST OFFICE BOX WINTER PARK, FL 32790-3310 WINTER PARK, FL 32790-3310 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: BRYAN G FULWIDER			WINTER PAR	K, FL 32789	
WINTER PARK, FL 32790-3310 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: BRYAN G FULWIDER 1000 HOLT AVE (Florida street address)			PO BOX 3310		
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: BRYAN G FULWIDER 1000 HOLT AVE (Florida street address)	(Mailing address MAY BE A POST OFFICE BOX)				
1000 HOLT AVE (Florida street address) ew Registered Office Address:				-	
ew Registered Office Address:	new registered agent and/or the n	new registered office a	ddress:	ter the name of the	
WINTER PARK Series 32789	new registered agent and/or the n	BRYAN G	ddress: FULWIDER	ter the name of the	
	new registered agent and/or the n	BRYAN G	FULWIDER		
(City) (Zip Code)	new registered agent and/or the n	BRYAN G I	FULWIDER AVE (Florida street address)		
	new registered agent and/or the n Name of New Registered Agen Lew Registered Office Address: ew Registered Agent's Signature, if	BRYAN G I 1000 HOLT WINTER P (City) Changing Registered	FULWIDER FAVE (Florida street address) ARK Agent:	, Florida 32789 (Zip Code)	
Bryan G. Fulwider Just Alem Signature of New Registered Agent, if changing	new registered agent and/or the n Name of New Registered Agen lew Registered Office Address: ew Registered Agent's Signature, if hereby accept the appointment as reg	BRYAN G I 1000 HOLT WINTER P (City) Changing Registered istered agent. I am fai	FULWIDER FAVE (Florida street address) ARK Agent: miliar with and accept the	, Florida 32789 (Zip Code)	

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 D V Mike J SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change Add	PCEO	BRYAN G FULWIDER	1000 HOLT AVE - 2770 WINTER PARK, FL 32789
Remove			
2) Change Add Remove			
3) Change Add Remove			
4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add			
Remove			

Samending or adding additional Art ttach additional sheets, if necessary).	(Be specific)				
- None					
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The date of each amendment(s) adoption: OCTOBER 14, 2012				
Effe	ective date <u>if applicable</u> :			
	(no more than 90 days after amendment file date)			
Ado	option 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 OCTOBER 16, 2012 Signature			
	(By the obairman 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)			
	BRYAN G. FULWIDER			
	(Typed or printed name of person signing)			
	PRESIDENT / CEO			
	(Title of person signing)			
	Bryan G. Fulwider			