## M12000008199

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JAN - 9 2018 LALBRITTON

## COVER LETTER

(SNOVATION CHUICH INC. N120000081 DOCUMENT NUMBER: \_\_ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: (Name of Contact Person) ON CHURCH INC.
(Firm/Company) HARAIN COMBER Rd SCBURTONO WHITTS TO LEALABEMY, OF GENERAL AGENY, For further information concerning this matter, please call: (Daytime Telephone Number) (Area Code) Enclosed is a check for the following amount made payable to the Florida Department of State: ☑ \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed)

**Mailing Address** 

TO: Amendment Section

Division of Corporations

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

Articl	les of Incorpora	ition		
$\rho$ .	of ,			
FENOVATON CI	40164	INC.		
(Name of Corporation as curre	ently filed with	the Florida Dept. of State)		
N120000	18199			
(Document Nun	nber of Corporat	tion (if known)		
Pursuant to the provisions of section 617,1006, Florida State amendment(s) to its Articles of Incorporation:	ites, this <i>Florida</i>	ı Not For Profit Corporation a	dopts the fol	lowing
A. If amending name, enter the new name of the corpora	ation:			
SONRISE CHVICH name must be distinguishable and contain the word "corpor	AND	SCHOOL IN	16. 11	ha naw
name must be distinguishable and contain the word "corpor	t_! ration" or "inco	orporated" 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 ADDRES.	<u></u>		<del></del>	
Trincipul tyfice uturess MOST DE A STREET ATTENTAGE	<u></u> ,			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			₹ ≥	3
(Muning dauress SIAT BE A FOST OFFICE BOX)				<u>-</u>
			<u> </u>	<u>-</u>
			: 1 G	
			. >	
<ul> <li>If amending the registered agent and/or registered of new registered agent and/or the new registered office</li> </ul>		riorida, enter the name of the		
			ع	 ,
Name of New Registered Agent:				<b>Z</b>
		(Florida street address)		
New Registered Office Address:		ir antau sireer uuaress)		
		, Florida	•	
	(City)		Code)	
Nam Danietavad Agant's Cianatura if abarraian Danietara	ad Lauret			
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am	<u>a Agent:</u> familiar with an	d accept the obligations of the p	position.	
•		· ·		
	Signature of No	w Registered Agent if changin	( P	

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  Type of Action (Check One)		<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
		<u>Title</u>	<u>Name</u>	<u>Addres</u> s
D _	Change			
_	Add			
_	Remove			
2) _	Change			<u> </u>
_	Add			
_	Remove			
3)_	Change			
_	Add			
_	Remove			
4) _	Change	<del></del> -		
_	Add			
_	Remove			
5) _	Change			
	Add			
	Remove			
6) _	Change			<u></u>
_	Add			
_	Remove			

amending or adding ttach additional sheets	, if necessary).	(Be specific)					
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The date of each amendment(s) add	option:	_, if other than the
daté this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
<u>Note:</u> If the date inserted in this bloc document's effective date on the Dep	k does not meet the applicable statutory filing requirements, this date will not b artment of State's records.	e listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were add was/were sufficient for approval	opted by the members and the number of votes cast for the amendment(s)	
There are no members or members adopted by the board of director	ers entitled to vote on the amendment(s). The amendment(s) was/were rs.	
Dated	-5-2018 Shew Butts	
(By the chair) have not bee	nan or vice chairman of the board, president or other officer-if directors in selected, by an incorporator – if in the hands of a receiver, trustee, or ppointed fiduciary by that fiduciary)  Stall Burton  (Typed or printed name of person signing)  Restor   Restor Dancer	-
	(Title of person signing)	