N13000000 762

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900371772029

2021 AUG 23 PH 2: 04

- ; ;))) (nd

SEP 0 1 2021 I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: THE JACKSO	NVILLE ASSEMBLY OF THE BODY OF CHRIST, INC.
DOCUMENT NUMBER: N13000000762	
BOCOMENT NUMBER. MISOCOCOTOS	
The enclosed Articles of Amendment and fee ar	e submitted for filing.
Please return all correspondence concerning this	matter to the following:
PAUL B DYAL	
	(Name of Contact Person)
THE JACKSONVILLE ASSEMBLY OF THE	BODY OF CHRIST, INC.
	(Firm/ Company)
PO BOX 60005	
	(Address)
JACKSONVILLE. FL 32236	
	(City/ State and Zip Code)
PBDYAL@ME.COM	
E-mail address: (to b	e used for future annual report notification)
For further information concerning this matter, p	please call:
PAUL B DYAL	at
(Name of Contact F	Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount m	ade payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Fe Certificate of St	-
Mailing Address	Street Address

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the Flori	
N13000000762	
(Document N	umber of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Stamendment(s) to its Articles of Incorporation:	natutes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corp	oration:
	The new
name must be distinguishable and contain the word "corp "Company" or "Co." may not be used in the name.	voration" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	F(C)
(Francipal Office datasess MOST BE A STREET ADDRE	<u></u>
	· · · · · · · · · · · · · · · · · · ·
C. Enter new mailing address, if applicable:	23
(Mailing address MAY BE A POST OFFICE BOX)	
	011 2: 0h
	· · · · · · · · · · · · · · · · · · ·
D. If amending the registered agent and/or registered	
new registered agent and/or the new registered off	ice address:
Name of New Registered Agent:	
	(Florida street address)
New Registered Office Address:	
_	Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registo	eved Agent
Thereby accept the appointment as registered agent. La.	in familiar with and accept the obligations of the position.
	Signature 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	PT John Do V Mike Jo SV Sally Sr	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add	DIR	FLETCHER, DONALD E	6350 OLD KINGS RD JACKSONVILLE, FL 32254
X Remove			
2) Change Add			
Remove 3) Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee	g additional Arti is, if necessary).	i <mark>cles, enter change(s) here</mark> : (Be specific)	
	,		
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-

		
		
		.
		
		<u> </u>
		
		· · · · · · · · · · · · · · · · · · ·
· · · · · · · · · · · · · · · · · · ·	- · · · · - · · · · · · · · · · · · · ·	
The date of each amendment(s) adoption date this document was signed.	n: AUGUST 10, 2021	if other than the
Effective date <u>if applicable</u> :	tno more than 90 days after amendment file date)	· · · · · · · · · · · · · · · · · · ·
	(no more than 90 aays after amenament file aate)	
Note: If the date inserted in this block document's effective date on the Departme	es not meet the applicable statutory filing requirements, this date will tent of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopted was/were sufficient for approval.	by the members and the number of votes cast for the amendment(s)	

- · «////202)
Dated
Signature 4 6
(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)
B. IV B D. IV.
PAUL B DYAL (Typed or printed name of person signing)