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SECRETARY OF STATE TALL APPASSES. IT

Emiliana de la constanta de la

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

name of corporation: FRTENDSH	ITP MISSION	VARY Baptist o	FARCADIA INC.
DOCUMENT NUMBER: <u>N /3 ()0000 [</u>	92		
The enclosed Articles of Amendment and fee are sub-	mitted for filing.		
Please return all correspondence concerning this matter	er to the following:		
CAROLYNTHOMAS	,		
	(Name of Contact Perso	n)	
FRIENDSHEP MISSION	ARY BAPTIST	OF ARCADIA I	INC.
304 W. Martle ST.			-1
	(Address)		SEC SEC
ARRADIA, FL 34266			REJA
	(City/ State and Zip Coc	le)	表示 の 数式 <u></u>
Friendship MB Church @ Cer E-mail address: No be used	nturylink. No	eT	
E-mail address: (to be used) For further information concerning this matter, please		nouncation)	0.9
		863-444-07-	u (ceu)
(Name of Contact Person) at (A	rea Code) (Daytime Te	lephone Number)
Enclosed is a check for the following amount made pa	ayable to the Florida Dep	partment of State:	
S \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status		☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)	
Mailing Address Amendment Section		Address dment Section	
Division of Corporations	Divisi	on of Corporations	
P.O. Box 6327	The C	Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

of

FRIENDShip Missiowary Bapta (Name of Corporation as currently filed with the Florida	Dept. of State)
# N 1300000192	
	nber of Corporation (if known)
Pursuant to the provisions of section 617,1006, Florida Statuamendment(s) to its Articles of Incorporation:	ites, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpora	ation:
MA	The new
name must be distinguishable and contain the word "corpor "Company" or "Co." may not be used in the name.	The new vation" or "incorporated" or the abbreviation "Corp," or "Inc."
B. Enter new principal office address, if applicable:	NA
(Principal office address <u>MUST BE A STREET ADDRES.</u>	Σ) MA
	NA.
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	WA REST
(Stanting dualess 9771 BL ATOST OFFICE BOX)	11 27 2
	N
	Ma Sign III -
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office	
	Auditess:
Name of New Registered Agent:	115
	SA
New Registered Office Address:	(Florida street address)
1	/A . Florida
/V,	(City) (Zip Code)
New Registered Agent's Signature, if changing Registere	od Agent
I hereby accept the appointment as registered agent. I am f	
. /	/
\mathcal{M}_{i}	A 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	<u>V</u> <u>Mik</u>	<u>n Doe</u> <u>e Jones</u> <u>y Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	S	Deborah A. Cliftow	1307 NE Oak STreet ARCHOTA FL 34266
Remove 2) Change Add	TS	CAROLYN Thomas	305 N. 13 H AVE ALCADIA, FL 34266
Remove 3) Remove Add Remove			
4) Change Add			
Remove			JZ4NOV TALLA
5) Change Add			- - 2 2 5
Remove			88 S S S S S S S S S S S S S S S S S S
6) Change Add			9
Remove			
E. If amending or ac (attach additional)	dding additional a sheets, if necessary	Articles, enter change(s) here: c). (Be specific)	
		<u> </u>	

NA				
	1		<u> </u>	
				
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			TL A	
			田(R) 大学	26
			漢字	
			- 1967 1975	8.09
			77 Fg 197	9
The date of each amendment(s) adol date this document was signed.	ption: W/N			, if other than the
Effective date if applicable:	MA			
	(no more than 90 days	after amendment file c	late)	
<u>Note:</u> If the date inserted in this block document's effective date on the Depa		ble statutory filing requ	iirements, this date will not	be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)			
The amendment(s) was/were ado was/were sufficient for approval.		he number of votes cas	t for the amendment(s)	

1	
Z	
1	

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 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)

(Title of person signing)