N130000002217

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DIVISION OF CORPORATIONS

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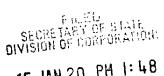
... COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPORATION: Renew Church Ocore Inc.				
DOCUMENT NUMBER: <u> W130000</u> 2	3317			
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
David A. Lawson				
David A. Lawson	(Name of Contact Person	n)		
Renew Church Oco	ee Inc.			
Renew Church Ocole Inc. (Firm/Company)				
1746 E. Silver Star Road, Suite 113 (Address)				
	(Address)			
Ocole, F-L 3476 (City/ State and Zip Code)				
ı	(City/ State and Zip Cod	e)		
E-mail address: (to be used for future annual report notification)				
E-man address: (to be used for future annual report normation)				
For further information concerning this matter, please call:				
(Name of Contact Person)	at (770	789-5602		
(Name of Contact Person)	(Area Co	ode & 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 &	□\$43.75 Filing Fee &	□\$52.50 Filing Fee		
	Certified Copy	-		
	(Additional copy is	Certified Copy		
	enclosed)	(Additional Copy is Enclosed)		
		Ellelosedy		
Mailing Address		Address		
Amendment Section Division of Corporations		lment Section on Corporations		
P.O. Box 6327		Building		
Tallahassee, FL 32314		xecutive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



Renew Church Ococe	Inc. 15 JAN 20	PH 1:1
(Name of Corporation as currently filed with the Flo	rida Dept. of State)	
N30000023	<u> </u>	_
(Document Number of Co		
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	s, this Florida Not For Profit Corporation adopts the	following
A. If amending name, enter the new name of the corporati	on:	
		_The new
name must be distinguishable and contain the word "corporat "Company" or "Co." may not be used in the name.	ion" or "incorporated" or the abbreviation "Corp."	or "Inc."
B. Enter new principal office address, if applicable:	1746 E. Silver Star Road	_
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Suit 113	_
	Ococe, FL 34761	_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1746 6. Silver Star Road	
(mailing dualess MAT BE A TOST OFFICE BOX)	Swite 113	-
	Ocoec FL 34761	-
	•	_
D. If amending the registered agent and/or registered offic new registered agent and/or the new registered office and/or the new		
Name of New Registered Agent: Tiffary	Jones	
Name of New Registered Agent: Tiffanys	Silver Star Road, Suite 113	
New Registered Office Address:	r toriau street auaress)	
Ocoee (City)	Florida 3476 (Zip Code	
New Registered Agent's Signature, if changing Registered	Agent:	
I hereby accept the appointment as registered agent. I am fan	niliar with and accept the obligations of the position.	٠
Signature of New I	Registered Agent, if changing	

Page 1 of 4

Please note the of P = President: V-	ficer/director title b	y) the first letter of the office title:	ach officer/director being removed and title, name, an
Executive Officer; held. President, Tr	CFO = Chief Fina easurer, Director v	ncial Officer. If an officer/director hol would be PTD	or; TR= Trustee; C = Chairman or Clerk; CEO = Chief ds more than one title, list the first letter of each office
Changes should be	Creatural to all a su		ted as the PST and Mike Jones is listed as the V. There is S. These should be noted as John Doe, PT as a Change,
Example: X_Change X_Remove	<u>PT</u> Joi	hn Doe ke Jones	thange,
X Add		lly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	Alvarez, Nicole	1015. Clarke Road
Remove			Ococe, FC 34761
2)Change	STD	Cain, David	1015. Clarke Road
Add Remove			Dance FL 34761
3) Change	SID	Jones, Tiffary	1746 E.S. Ner Star Road
Remove		J	Suite 113
Kellove			Dises FL 34761
4) Change	<u>D</u>	Dyben, Andrea	1746 E. Silver Star Rd.
Remove			Suite 113
5) Change			Ococe F1 34761
Add			
Remove			
Kemove			
5) Change			
Add			
Remove			
		Page 2 of 4	
			
· ·······			
		 	

6)

I'he date of each amendment(s) adoption:	<u> </u>
late this document was signed.		SECRETARY OF STATE IT other than the
Effective date <u>if applicable</u> :	effective immediately	DIVISION o.
	(no more than 90 days after ame	ndment file date) 15 JAN 20 PH 1:49
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/wer was/were sufficient for app	re adopted by the members and the number or coval.	of votes cast for the amendment(s)
There are no members or m adopted by the board of dir	nembers entitled to vote on the amendment(s ectors.	i). The amendment(s) was/were
Dated	14/15	
Signature Allas	··/	11 02 10 11
have not	hairman or vice chairman of the board, presite been selected, by an incorporator – if in the urt appointed fiduciary by that fiduciary)	
	David Lawson	
	(Typed or printed name of person signing	ng)
	President/Direct	POC
	(Title of person signing)	