

N13000006223

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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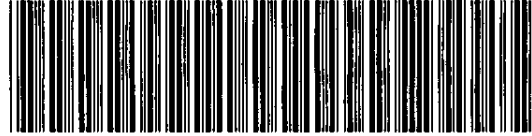
(Business Entity Name)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 JUL 14 PM 1:44

JUL 16 2015
C LEWIS

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: LIVING OAKS MINISTRIES, INC.

DOCUMENT NUMBER: N13000006223

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

RICHARD K. BARRA, ESQ.

(Name of Contact Person)

SCOTT, HARRIS, BRYAN, BARRA & JORGENSEN, P.A.

(Firm/ Company)

4400 PGA BOULEVARD, SUITE 603

(Address)

PALM BEACH GARDENS, FLORIDA 33410

(City/ State and Zip Code)

rkbarr@scott-harris.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RICHARD K. BARRA

561

624-3900

at

(Name of Contact Person)

(Area Code)

(Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 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

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



ATTORNEYS AT LAW

SCOTT, HARRIS, BRYAN, BARRA & JORGENSEN, P.A.

June 23, 2015

Florida Department of State
Amendment Section
PO Box 6327
Tallahassee, FL 32313

Re: Articles of Amendment to Articles of Incorporation
of Living Oaks Ministries, Inc.
Document No. N13000006223

Ladies/Gentlemen:

Enclosed please find the Cover Letter, the completed Articles of Amendment to Articles of Incorporation of Living Oaks Ministries, Inc., and check number 17030 in the amount of \$43.75 representing the non-refundable processing fee.

Thank you for your assistance. If you have any questions, please do not hesitate to contact Mr. Barra at 561.624.3900.

Sincerely,


Brenda Lee Jernigan
Assistant to Richard K. Barra

:blj

Encs.

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ROBERT SCOTT (1925-1982) • RICHARD K. BARRA • JOHN L. BRYAN, JR. • S. BRIAN BULL
J. RICHARD HARRIS • CYNTHIA J. JACKSON • DEREK M. JORGENSEN • JOHN M. JORGENSEN

• BOARD CERTIFIED CIVIL TRIAL LAWYER • BOARD CERTIFIED BUSINESS LITIGATION LAWYER • BOARD CERTIFIED REAL ESTATE LAWYER

4400 PGA Boulevard, Suite 603 • Palm Beach Gardens, Florida 33410-6561

Articles of Amendment
to
Articles of Incorporation
of

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

15 JUL 14 PM 1:44

LIVING OAKS MINISTRIES, INC.

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

N13000006223

(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 amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

LIVING OAKS CHURCH, INC.

The new name must be distinguishable and contain the word "corporation" or "incorporated" 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 ADDRESS**)*

C. Enter new mailing address, if applicable:

*(Mailing address **MAY BE A POST OFFICE BOX**)*

D. 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:

New Registered Office Address:

(Florida street address)

(City)

Florida

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am 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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
2) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
3) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
4) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
5) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
6) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no text or other markings on the paper.

The date of each amendment(s) adoption: _____ if other than the date this document was signed. SECRETARY OF STATE
DIVISION OF CORPORATIONS

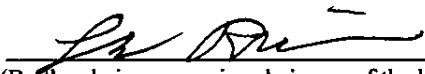
Effective date if applicable: _____ (no more than 90 days after amendment file date) 15 JUL 14 PM 1:44

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption 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 6-21-15

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)

PASTOR LARRY RICHARDSON

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)