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## **COVER LETTER**

athedral, Inc. NAME OF CORPORATION: **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: (Firm/ Company) For further information concerning this matter, please call: 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

31 · · · · ·	Articles of Amendment	
•	to Articles of Incorporation	421
	of	76 OCT 24 PM 1: 56
New Smyrna	Cathedral Inc	SECTION TAIL AFTER THE
(Name-of Corporation a	s currently filed with the Florida De	ept. of State)
N 1300000 a	o992	
(Docume	ent Number of Corporation (if known)	· · · · · · · · · · · · · · · · · · ·
Pursuant to the provisions of section 617.1006, Florid amendment(s) to its Articles of Incorporation:	da Statutes, this <i>Florida Not For Prof</i>	it Corporation adopts the following
A. If amending name, enter the new name of the care have been been been been been been ame of the care have a like the name of the care have a like the name.	ster. Inc.	The new he abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD		Lincoln Blud. rs, Fla. 33916
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE Bo</u>	ex P.O. Bo Ft. Myers	× 9325 , FLa. 33902
D. If amending the registered agent and/or registered new registered agent and/or the new registered	ered office address in Florida, enter i office address;	the name of the
Name of New Registered Agent:		
<u>New Registered Office Address</u> :	(Florida st	reet address)
		, Florida
_	(City)	(Zip Code)
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.	gistered Agent: I am familiar with and accept the ob	ligations of the position.
	Signature of New Registered A	gent, 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 I V Mike SV Sally:	<u>Jones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addręs</u> s
1) Change Add Remove	<u>P</u> .	Alfred S. Wiley, Jr.	3042 Lincoln Blud. Ft. Myers, Fla. 33914
2) Change Add	<u>VS</u>	Shantel C. Wiley	3042 Lincoln Blvd. Ft. Myers, Fla. 33916
Remove  3) Change  Add  Remove	TR	Joshua Shook	1923 NE 19th Jer. Cape Caral, Fla. 33909
4) Change	<u> </u>	Lacy Shook	1923 NE 19th Ter. Cape Coral, FL. 33909
Change Add	TR	Jeremiah Robinson	234 Haria Street Ft. Myers, FL 3890=
Remove  6) Change  Add  Remove			

If amending or adding additional (attach additional sheets, if necessar	Articles, enter change	e(s) here:		
N/A				
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The date of each amendment(s) adop	tion;	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Depart	does not meet the applicable statutory filing requirements, this date will tment of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adop was/were sufficient for approval.	sted by the members and the number of votes cast for the amendment(s)	
There are no members or member adopted by the board of directors	s entitled to vote on the amendment(s). The amendment(s) was/were	
have not been	in or vice chairman of the hoard, president or other officer-if directors selected, by an incorporator—if in the hands of a receiver, trustee, or pointed fiduciary by that fiduciary)	<del></del>
Rev. Alfr	(Typed or printed name of person signing)	
Pre	sident	
	(Title of person signing)	