# N1400000 2698

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### **COVER LETTER**

TO: Amendment Section Division of Corporations

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NAME OF CORPORATION:		E, INC.	1000 克
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are submitted for fi	iling.		
Please return all correspondence concerning this matter to the fol	lowing:		•
ANDREW KEFFER			
(Name of the	Contact Person)		
CHURCH OF THE NAZARENE OF ST. AUGUSTINE, INC.			
(Firm/	Company)		
4 MAY STREET			
(A	(ddress)		
ST. AUGUSTINE FL 32084-2126			
(City/ State	e and Zip Code)		
AndrewKeffer@gmail.com			
E-mail address: (to be used for future	annual report notification	on)	
For further information concerning this matter, please call:			
ANDREW KEFFER	931	801-7908	
(Name of Contact Person)	at (Area Code)	(Daytime Telep	ohone Number)
Enclosed is a check for the following amount made payable to the  \$35 Filing Fee	Filing Fee & \$\Bigs\square\$52.:	State: 50 Filing Fee ficate of Status	2019 APR SEGGLASS

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

Certificate of Status

Certified Copy (Additional Copy is

Enclosed)

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#### Articles of Amendment

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#### Articles of Incorporation

of

## CHURCH OF THE NAZARENE OF ST. AUGUSTINE, INC. (Name of Corporation as currently filed with the Florida Dept. of State) N14000002698 (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: THE FIRST CHURCH OF THE NAZARENE OF ST. AUGUSTINE, INC. 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. N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (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: N/A Name of New Registered Agent: (Florida street address) New Registered Office Address: N/A Florida \_ (City) (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.

Page 1 of 4

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>PT</u> <u>V</u> <u>SV</u>	<u>V</u> <u>Mike Jones</u>		
Type of Action (Check One)	<u>Title</u>	Name		Address
1) Change		N/A		
Add				
Remove				
2) Change		N/A		
Add				
Remove				
3 ) Change	<del></del>	N/A		
Add				
Remove				
4) Change		N/A		
Add				
Remove				
5) Change		N/A		
Add				
Remove				
6) Change		N/A		
Add				
Remove				

If amending or addi (attach additional she	ng additional Ar	ticles, enter cha (Be specific)	ange(s) here:			
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iate	c this'document was signed.	
Effe	DATE OF FILING fective date if applicable:	
	(no more than 90 days after amendment file date)	
	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be tument's effective date on the Department of State's records.	listed as the
<b>Ad</b> c	option 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 4-9-19	
	Signature Chiefer Chiefer	
	(By the chairman or vice chairman at 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)	
	ANDREW KEFFER	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	
	• • • • • • • • • • • • • • • • • • • •	