

| (Requestor's Name)                      |  |  |  |
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| (Address)                               |  |  |  |
| (Address)                               |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |
| (Business Entity Name)                  |  |  |  |
| (Document Number)                       |  |  |  |
| Certified Copies Certificates of Status |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |
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## CHURCH SCRIBES INC POST OFFICE BOX 1233 CRYSTAL RIVER, FLORIDA 34423 813/408-7758 churhscribes@gmail.com

December 17, 2014

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re: Church Scribes, Inc.

Dear Sir/Madam:

Please find enclosed the Articles of Amendment to the Articles of Incorporation for the above referenced organization, together with a check in the amount of \$43.75 for the filing fees and the return of a certified copy.

Should you have any questions or require anything further, please do not hesitate to contact this office. Thank you in advance for your assistance in this matter.

Sincerely,

Colleen DeLaney, President Church Scribes, Inc.

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

| NAME OF CORPORATION: Church Scribes, Inc.  |   |  |  |  |  |
|--|---|--|--|--|--|
| DOCUMENT NUMBER: N14000002714  |   |  |  |  |  |
| The enclosed Articles of Amendment and fee are sub   | mitted for filing.  |  |  |  |  |
| Please return all correspondence concerning this matt  | er to the following:  |  |  |  |  |
| Colleen DeLaney  |   |  |  |  |  |
|  | (Name of Contact Person   | 1)   |  |  |  |
| Church Scribes, Inc.   |   |  |  |  |  |
|  | (Firm/ Company)   |  |  |  |  |
| P.O. Box 1233  |   |  |  |  |  |
|  | (Address)   |  |  |  |  |
| Crystal River, Florida 344   | 123   |  |  |  |  |
|  | (City/ State and Zip Code   | e)   |  |  |  |
| churchscribes@g  |   |  |  |  |  |
| E-mail address: (to be use   | d for future annual report  | notification)  |  |  |  |
| For further information concerning this matter, please   | e call:   |  |  |  |  |
| Colleen DeLaney  | <sub>at (</sub> 813   | <u>408-7758</u>  |  |  |  |
| (Name of Contact Person)   |   | ode & Daytime Telephone Number)  |  |  |  |
| Enclosed is a check for the following amount made p  | Enclosed is a check for the following amount made payable to the Florida Department of State: |  |  |  |  |
| \$35 Filing Fee \$\text{Certificate of Status}\$   | Certified Copy (Additional copy is enclosed)  | □\$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 | Amend<br>Divisio<br>Clifton<br>2661 E   | Address ment Section n of Corporations Building xecutive Center Circle ussee, FL 32301 |  |  |  |

## Articles of Amendment to Articles of Incorporation of

FILED 14 DEC 19 PM 2: 56

| Church Scribes, Inc.   |  | Middle and the court                  |
|--|--|---------------------------------------|
| (Name of Corporation as currently filed with the   | Florida Dept. of State)                | HALLAHASSEE, FLORID                   |
| N14000002714   |  | ita.                                  |
| (Document Number of  | Corporation (if known)                 |                                       |
| Pursuant to the provisions of section 617.1006, Florida Statemendment(s) to its Articles of Incorporation: | tutes, this <i>Florida Not For Pro</i> | fit Corporation adopts the following  |
| A. If amending name, enter the new name of the corpor N/A  | ration:                                |                                       |
| name must be distinguishable and contain the word "corpo   | reation" or "important" or             | the abbreviation "Corn" or "Inc."     |
| "Company" or "Co." may not be used in the name.  | ration or incorporated or              | the abbreviation Corp. or The.        |
| D. Enter new reinsing office address if annihilation   | N/A                                    |                                       |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES    | <u> </u>                               | · · · · · · · · · · · · · · · · · · · |
| · · · · · · · · · · · · · · · · · · ·  |  |                                       |
|  |  |                                       |
|  | · · · · ·                              | <del> </del>                          |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)                    | N/A                                    |                                       |
|  |  |                                       |
|  | · · · · · · · · · · · · · · · · · · ·  |                                       |
|  |  |                                       |
| D. If amending the registered agent and/or registered o  | effice address in Florida, ente        | r the name of the                     |
| new registered agent and/or the new registered offic   |  | i the name of the                     |
| Name of New Registered Agent: N/A  |  |                                       |
| Nume of New Register cu rigera.  |  | · ·                                   |
|  | (Florida street address)               | <del> </del>                          |
| New Registered Office Address:   | (1 10/1111 01/10/1111                  |                                       |
|  |  | , Florida                             |
| (Ci  | ty)                                    | (Zip Code)                            |
| New Registered Agent's Signature, if changing Register   | ad Ament                               |                                       |
| I hereby accept the appointment as registered agent. I am  |  | bligations of the position.           |
|  |  |                                       |
| Signature of No  | ew Registered Agent, if changi         | ng                                    |

Page 1 of 4

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>                   | n Doe<br>se Jones<br>ly Smith |                          |
|----------------------------------|---------------------------------------|-------------------------------|--------------------------|
| Type of Action<br>(Check One)    | <u>Title</u>                          | <u>Name</u>                   | <u>Addres</u> s          |
| 1) Change                        | <u>v</u>                              | Gregory Gay, Esq.             | 3251 Commercial Way      |
| Add                              |                                       |                               | Spring Hill, Florida     |
| X Remove                         |                                       |                               | 34606                    |
| X Change                         | <u>s</u>                              | Nicholas Lembo                | 3380 W. Pebble Beach Ct. |
| Add                              |                                       |                               | Lecanto, Florida         |
| Remove                           |                                       |                               | 34461                    |
| 3) Change                        | <u>V</u>                              | Nicholas Lembo                | 3380 W. Pebble Beach Ct. |
| X Add                            |                                       |                               | Lecanto, Florida         |
| Remove                           |                                       |                               | 34461                    |
| 4) Change                        | <u>s</u>                              | Denise Dixon                  | 358 N.E. 3rd Street      |
| X                                |                                       |                               | Crystal River, Florida   |
| Remove                           |                                       |                               | 34429                    |
| 5) Change                        |                                       |                               |                          |
| <b>Ad</b> d                      |                                       |                               |                          |
| Remove                           |                                       |                               |                          |
| 6) Change                        | · · · · · · · · · · · · · · · · · · · |                               |                          |
| Add                              |                                       |                               |                          |
| Remove                           |                                       |                               |                          |

| E. If amending or adding additional Art<br>(attach additional sheets, if necessary). | (Be specific) |
|--|---------------|
| N/A  |               |
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|      | e date of each amendment(s) adoption:  | , if other than the |
|------|--|---------------------|
| date | e this document was signed.  |                     |
| Eff  | ective date <u>if applicable</u> :   | _ <del>_</del>      |
|      | (no more than 90 days after amendment file date)   |                     |
| Ad   | option of Amendment(s) ( <u>CHECK ONE</u> )  |                     |
|      | 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 December 17, 2014 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) |                     |
|      | Colleen DeLaney  |                     |
|      | (Typed or printed name of person signing)  |                     |
|      | President  |                     |
|      | (Title of person signing)  |                     |