## N14000005104

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City)	/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Busi	iness Entity Name	<del>-</del>
(Doc	ument Number)	
Certified Copies	Certificates o	of Status
Special Instructions to F	iling Officer	
12/19/24		
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Office Use Only



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## FLORIDA DEPARTMENT OF STATE Division of Corporations

December 9, 2024

ANGELA KNAPP 1950 LEE ROAD, SUITE 219 WINTER PARK, FL 32789 US

SUBJECT: NIGHTLIGHT CHRISTIAN ADOPTIONS, INC.

Ref. Number: N14000003104

We have received your document for NIGHTLIGHT CHRISTIAN ADOPTIONS, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Profit corporation, but your entity is a not for profit coporation. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please (850) 245-6050.

Morgan E Lovett Regulatory Specialist II

Letter Number: 024A00026617 0

12/19/24

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: Nightlight	Christian Ado	ptions		
DOCUMENT NUMBER: <u>N 14000 00 31 o</u>	4			
The enclosed Articles of Amendment and fee are subm	nitted for filing.			
Please return all correspondence concerning this matte	r to the following:			
Angela Knap	(Name of Contact Perso	on)		
Nightlight Chri	stian Adoption (Firm/Company)	\$		
1950 Lee Koad	Suite 219 (Address)			
Winter Park,		J.A		
	•		<u>~~~~</u> 5	96
For further information concerning this matter, please	call:		ECRETA TALLA!	
Angela Knapp	at	407-628-9051		0
(Name of Contact Person)  Enclosed is a check for the following amount made pa	(A Symble to the Florida De	Area Code) (Daytime Telephoni partment of State:	· Number) = · Number) = · · · · · · · · · · · · · · · · · ·	T T
E-mail address: (to be used  For further information concerning this matter, please  Angula Knapp (Name of Contact Person)  Enclosed is a check for the following amount made pa  \$35 Filing Fee \$\sum \text{S43.75 Filing Fee & Certificate of Status}\$	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy - Char (Additional Copy is Enclosed)	Sent E	<u>-</u> ัภ
Mailing Address  Amendment Section  Division of Corporations  P.O. Box 6327	<u>Stree</u> Amer Divis	t Address  Industry Section  Identify Section  Identify Sections  Identify Section Sec		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

Nightlight Christian Adoption (Name of Corporation as currently filed with the I	へら、上で Florida D	って・ Je <u>pt. of State</u> )	1		
N 1400000 3104					
	nt Numbe	er of Corporat	ion (if known)		
Pursuant to the provisions of section 617,1006, Florid amendment(s) to its Articles of Incorporation:	da Statute	s, this <i>Florida</i>	i Not For Profit C	Torporation adopts	the following
A. If amending name, enter the new name of the o	<u>corporati</u>	io <b>n:</b>			
N/A					The new
name must be distinguishable and contain the word ' "Company" or "Co." may not be used in the name.	corporat	ion" or "inco	rporated" or the a	ibbreviation "Corp	or "Inc."
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD		<u> </u>			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B.	<u>0X</u> )	NIA			
D. If amending the registered agent and/or regist new registered agent and/or the new registered	d office a	ddress:		e name of the	SECRETARY OF
Name of New Registered Agent:		Jela 1411	~~		
<u>New Registered Office Address:</u>	N/A		(Florida street	address)	27 £2
_				, Florida (Zip Code)	
		(City)		(Zip Code)	
New Registered Agent's Signature, if changing Relatively accept the appointment as registered agent.			d accept the oblig	ations of the positic	n.
_	t.	Jugel	Wrap w Registered Ager		

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>Doe</u> <u>Jones</u> <u>Smith</u>		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change Add	Executive Director	Angela Knapp	1950 Lee Road Suite 219 Winter Park, FL 32789	
Remove 2) Change Add	Executive Diccorr	Elizabeth Pinel	1950 Lee Road, Suite 219 Winter Park, FL 32789	
X   Remove				
4) Change Add			SEORE L	2024 DEC
Remove 5) Change Add	<del></del>		NSSEE	
Remove 6) Change Add			STATE FL	
	adding additional A sheets, if necessary	articles, enter change(s) here: ). (Be specific)		
NIA				
	<u>.                                    </u>			

was/were sufficient for approval.

There adopte	are no members or members entitled to vote on the amendment(s). The amendment(s) was/were and by the board of directors.
•	12/18/2024
	Dated
	Davie Mehrbay
	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)
	Daniel Nehrbass
	(Typed or printed name of person signing)
	President
	(Title of person signing)

SECRETARY OF STATE
TALLAHASSEE, FL

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