N14000003704

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COVER LETTER

TO: Amendment Section Division of Corporations

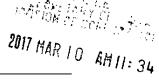
NAME OF CORPORATION:	MPASS CHURCH, INC.
·	
DOCUMENT NUMBER: N14000	303704
The enclosed Articles of Amendment and fee are s	submitted for filing.
Please return all correspondence concerning this m	natter to the following:
CHRISTOPHER A. I	RELAND
	(Name of Contact Person)
COMPASS CHURC	H, INE,
	(Firm/ Company)
600 HOLLOW RIPT	E ROAD
	(Address)
PALM HARBOR, FI	1 34683
·	(City/ State and Zip Code)
FLCOMPASS CHUNCH E-mail address: (to be a	@ GMIL, com
E-man address: (to be t	ised for future annual report nonneation)
For further information concerning this matter, ple	ase call:
CHRISTOPHER A. IRELA	rson) at $\frac{727 - 400 - 5127}{\text{(Area Code)}}$ (Daytime Telephone Number)
(Name of Contact Per	son) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made	e payable to the Florida Department of State:
\$35 Filing Fee	
Mailing Address	Stungt Addungs

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

Articles of Amendment to Articles of Incorporation



COMPASS CHUNC	17,1~0,	THE T
(Name of Corporation a	as currently filed with the Flori	da Dept. of State)
COMPASS CHUCCO (Name of Corporation s N/4000003704		
(Docume	ent Number of Corporation (if kn	own)
Pursuant to the provisions of section 617.1006, Flori amendment(s) to its Articles of Incorporation:	da Statutes, this <i>Florida Not For</i>	Profit Corporation adopts the following
A. If amending name, enter the new name of the	corporation:	
NIA		The new
NITS name must be distinguishable and contain the word "Company" or "Co." may not be used in the name.		or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicab (Principal office address MUST BE A STREET AD	le: N1A DDRESS)	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE B</u>	ox) N/A	
D. If amending the registered agent and/or regist new registered agent and/or the new registered		enter the name of the
Name of New Registered Agent:	NIA	
New Registered Office Address:	(Floi	rida street address)
_		, Florida, <i>(Zip Code)</i>
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.		he obligations of the position.
	Signature of New Registe	red 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	PT John Doe V Mike Jones SV Sally Smith	
Type of Action (Check One)	Title Name Name	<u>Addres</u> s
1) Change		
Add		
Remove		
2) Change	**************************************	
Add		
Remove		
3) Change		
Add		
Remove		
4) Change		
Add		
Remove		
5) Change		
Add		
Remove		
6) Change		
Add		
Remove		

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

DISSOLUTION CLAUSE;
UPON THE DISSOLUTION OF THE ORGANIZATION,
ASSETS SHALL BE PITTRIBUTED FOR ONE OR MORE
EXEMPT PURPOSES WITHIN THE MEANING OF
-SECTION 501 (c)(3) OF THE INTERNAL REVENUE
CUDE, OR CORRESPONDING SECTION OF ANY FUTUR
FEDERAL TAX CODE, ON SHALL BG PISTRIBUTED
TO THE FEDERAL GOVERNMENT, ORTO A STATE
OR LOCAL COVERNMENT, FOR A PUBLIC PURPOSE.
ANY SUCH ASSETS NOT DISPOSED OF SHALL BE
DISPOSED OF BY A COURT OF COMPETENT TURISPICTION
IN THE COUNTY IN WHICH THE PRINCIPAL OFFICE
OF THE ORGANIZATION IS THEN LOCATED,
EXCLUSIVELY FOR SUCH PURPOSES OR TO SUCH
ORGANIZATION OR ORGANIZATIONS, AS SAID
COURT SHALL DETERMINE, WHICH ARE
ORGANIZED AND OPENATED EXCLUSIVELY FOR
SUCIA PURPOSES.

**Effective date if applicable: (no more than 90 days after amendment file date) 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 O2/17/2017 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)	The date of each amendment(s) add date this document was signed.	pption;	, if other than the
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Dated O2/17/2017 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			amendment(s)
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(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	Dated 02/1	7/2017	
(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	Signature	Da.hul	
	(By the chairn have not been	nan or vice chairman of the board, president or other office n selected, by an incorporator – if in the hands of a receive	
CHRISTOPHER A. IRELAND (Typed or printed name of person signing)	CHR	(Typed or printed name of person signing)	
PRESIDENT (Title of person signing)	PRI		·