## 114600006821

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

New Baptist Church Inc NAME OF CORPORATION:	
N1400006821 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted for fi	iling,
Please return all correspondence concerning this matter to the following	lowing:
Greg Lowhorn	
(Name of C	Contact Person)
New Baptist Church Inc	
(Firm/	Company)
PO Box 20071	
(A	ddress)
Pensacola FL 32524	
(City/ State	e and Zip Code)
lowhorn@cox.net	/
E-mail address: (to be used for future a	annual report notification)
For further information concerning this matter, please call:	
Greg Lowhorn	850 324-2108
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the	e Florida Department of State:
S35 Filing Fee S43.75 Filing Fee S43.75 F  Certificate of Status Certified (Addition enclosed)	Certificate of Status copy is Certified Copy

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 of

New Baptist Church, Inc.		
(Name of Corporation as current	ly filed with the	Florida Dept. of State)
N14000006821		
(Document Number	er of Corporation	(if known)
Pursuant to the provisions of section 617,1006, Florida Statute amendment(s) to its Articles of Incorporation:	s, this <i>Florida No</i>	t For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporati	<u>on:</u>	
	- "	The new
name must be distinguishable and contain the word "corporat "Company" or "Co." may not be used in the name	ion or incorpo.	rated or the appreviation Corp. or Inc.
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		5 % 24 5 % N
, and the state of		29
		一
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		्र जु
D. If amending the registered agent and/or registered offic new registered agent and/or the new registered office a		rida, enter the name of the
Name of New Registered Agent:	<del></del>	
<u></u>	••	
North Action 100 at 11 hours	<del></del>	(Florida street address)
New Registered Office Address:		
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am far		cept the obligations of the position.
· · ·	onature of New R	egistered 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 D           V         Mike John S           SV         Sally S	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	P Paster	Jonathan Eason	6613 Woodbury Forest Dr
Add			Milton FL 32583
X Remove			
2) Change		<del></del>	
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			<del></del>
Remove			
5) Change			·
Add			
Remove			
6) Change			
Add			
Remove			

amending or adding additional Artituch additional sheets, if necessary).	(Be specific)					
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	date of each amendmen		_, if other than the
	this document was signed ective date if applicable:	May 1, 2018	
		(no more than 90) days after amendment file date)	
Not loc	e: If the date inserted in the ument's effective date on t	his block does not meet the applicable statutory filing requirements, this date will not be be because of State's records.	be listed as the
Ado	option of Amendment(s)	( <u>CHECK ONE</u> )	
	The amendment(s) was/w was/were sufficient for ap	rere adopted by the members and the number of votes cast for the amendment(s) optional.	
	There are no members or adopted by the board of	members entitled to vote on the amendment(s). The amendment(s) was/were directors.	
	Dated 5/21/2	2018	
	Signature	Ly Twhon Treasurer	_
	have i	e chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)	
	Gr	eg Lowhorn	
		(Typed or printed name of person signing)	
	Tro	easurer / Director	
		(Title of person signing)	