N15000010234

(Requestor's Name)
(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:

Office Use Only



900409219689

05/31/23--01036 012 **35.**0**0

SECKLIVE OF STAT



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	SAINT CYRIL THE	GREAT COPTIC C	RTHODOX (HURCH, INC.	
DOCUMENT NUMBER	N15000010234		<u> </u>		
The enclosed Articles of A	mendment and fee are subr	mitted for filing.			
Please return all correspon	dence concerning this matte	er to the following:			
ROFAIL, RAFIK					
		(Name of Contact Pe	erson)		
	1.	(Firm/ Company	<i>(</i>)		
2115 HOLLY HILL FRUI	T RD				
		(Address)		1.11	
DAVENPORT, FL 33837					
		(City/ State and Zip	Code)		
PISENTIROFAIL@GMA					\$1.00 FAT
	E-mail address: (to be used	for future annual rep	ort notificatio	n)	7-12
For further information col	ncerning this matter, please	call:			12.5° C
ROFAIL, RAFIK		at	313	671-0709	äit.
	(Name of Contact Person))	(Area Code)	(Daytime Telepho	one Number)
Enclosed is a check for the	following amount made pa	yable to the Florida	Department of	State:	一台
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy i enclosed)	Certif s Certif	0 Filing Fee icate of Status ied Copy tional Copy is	

Mailing Address

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

Street Address

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Enclosed)

Articles of Amendment to Articles of Incorporation of

SAINT CYRIL THE GREAT COPTIC ORTHODOX CHURCH, INC.

(Name of Corporation as currently filed with th	e Florida Dept. of State)	
N15000010234		
(Docur	nent Number of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Flo amendment(s) to its Articles of Incorporation:	rida Statutes, this Florida Not For Profit Corporation adopts th	e following
A. If amending name, enter the new name of th N/A	e corporation:	
		The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam	l "corporation" or "incorporated" or the abbreviation "Corp." <u>e</u> .	or "Inc.
B. Enter new principal office address, if applica	ıble:	
(Principal office address <u>MUST BE A STREET</u> A		
		
		_
C. Enter new mailing address, if applicable:	N/A	
(Mailing address MAY BE A POST OFFICE	BOX)	
	186 184 184 184 184 184 184 184 184 184 184	_
	stered office address in Florida, enter the name of the	- SE
new registered agent and/or the new register		
Name of New Registered Agent:	ROFAIL, RAFIK	<u> </u>
	860 HOLLY SPRINGS TERRACE	- - -
	(Florida street address)	- :- :-
New Registered Office Address:		
	OVIEDO 32765	구물
	(City) (Zip Code)	L E
New Registered Agent's Signature, if changing I	Registered Agent:	•
	t. I am familiar with and accept the obligations of the position.	
	Rafik R	
_	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>V</u> <u>Mik</u>	Doe 2 Jones 2 Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
Change Add	<u>TRUȘTI</u>	ROFAIL, RAFIK	860 HOLLY SPRINGS TERRACE OVIEDO, FL 32765
Remove			
2) Change Add	TRUSTI	JACOB, FR. ASHAIA	2115 HOLLY HILL FRUIT RD DAVENPORT, FL 33837
Kemove			
4) Change Add			SEC NAL
Remove 5) Change Add			SEC VELL WHIVE
Remove 6) Change Add			E. SIATE
Remove E. <u>If amending or add</u> (attach additional sh		articles, enter change(s) here: i. (Be specific)	
N/A			

Dated	5/25/2023
Signatur	Rafik R
Signatur	(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) ROFAIL, RAFIK
	(Typed or printed name of person signing)
	REGISTER AGENT/FRUSTEE
	(Title of person signing)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were

adopted by the board of directors.

SECRETALL OF STAT