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(Red	questor's Name)	<u>. </u>
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
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COVER LETTER

TO: Amendment Section Division of Corporations

SUNRISE CHRISTIAN CENTER INC NAME OF CORPORATION:
N16000001349
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
HECTOR OSTOLAZA
(Name of Contact Person)
SUNRISE CHRISTIAN CENTER INC
(Firm/ Company)
1951 S JOHN YOUNG PKWY
(Address)
KISSIMMEE, FL 34741
(City/ State and Zip Code)
SUNRISECHRISTIANCENTER@GMAIL.COM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
HECTOR OSTOLAZA (321) 261-9398
(Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee Certificate of Status Certificate of Status Certificate of Status (Additional copy is enclosed) Certificate of Status Certified Copy (Additional Copy is Enclosed)

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 22, 2017

X Concoress

HECTOR OSTOLAZA 1951 S JOHN YOUNG PARKWAY KISSIMMEE, FL 34741

SUBJECT: SUNRISE CHRISTIAN CENTER INC

Ref. Number: N16000001349

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

Please list the secretary's complete last name.

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 call (850) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 317A00019262

Articles of Amendment to Articles of Incorporation

FILED

2017 DEC 11 AM 11:39

SUNRISE CHRISTIAN CENTER INC

(Name of Corporation as o	currently filed with the Flor	rida Dent. of State)
	N16000001349	**************************************
(Document	Number of Corporation (if k	nown)
Pursuant to the provisions of section 617.1006, Florida unendment(s) to its Articles of Incorporation:	Statutes, this Florida Not Fo	er Profit Corporation adopts the following
A. If amending name, enter the new name of the cor	poration:	
		The new
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	orporation" or "incorporated	I" or the abbreviation "Corp." or "Inc."
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDI</u>	<u>RESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<i></i>	
	·	
 If amending the registered agent and/or registered new registered agent and/or the new registered o 		enter the name of the
Name of New Registered Agent:		
		lorida street address)
New Registered Office Address:		
		, Florida
	(City)	Florida (Zip Code)
New Registered Agent's Signature, if changing Regist the appointment as registered agent. I		the obligations of the position.
	Signature of New Regist	tered 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		Doe Jones Smith	
Type of Action (Check One)	<u>Title</u> —	<u>Name</u>	Address
1) Change X Add	<u>s</u>	MARGARET HERNANDEZ SANTI	2641 MEADOW VIEW CT
Remove			KISSIMMEE, FL 34746
2) Change	<u>T</u>	ANA I SIERRA	196 LA PAZ DR
Add Remove			KISSIMMEE, FL 34743
3) Change			
Remove			
4) Change			
Remove			
5) Change	-		
Remove			
6) Change			
Add Remove			

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The	e date of each amendment(s) adoption:	_, if other than the
date	e this document was signed.	
Eff	fective date if applicable:	
	(no more than 90 days after amendment file date)	
	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be cument's effective date on the Department of State's records.	e listed as the
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 12/07/17 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)	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	