## NI6 00000 8909

(Requ	uestor's Name)	
(Addı	ress)	
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(City/	State/Zip/Phon	e #)
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(Doc	ument Number)	
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2022 JAN 25 AH II: 4 SECRETARY OF STA

TILED

## **COVER LETTER**

TO: Amendment Section Division of Corporations NAME OF CORPORATION: Highway Park Menisterial allieuse DOCUMENT NUMBER: 3682512420 N160000008909 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: (Name of Contact Person) Placial, Ha. 33852 (City/ State and Zip Code) Mary Coston St Canal Com-E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (\$\frac{963}{243-0786}\)
(Area Code) (Daytime Telephone Number) Mary Li Costan
(Name of Contact Person) Enclosed is a check for the following amount made payable to the Florida Department of State: □\$52.50 Filing Fee S35 Filing Fee □S43.75 Filing Fee & □S43.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is (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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Enclosed)

## Articles of Amendment to

Articles of Incorporation of

FILED

Highway Park Ministerial allian 2022 JAN 25 AM 11:	46
(Name of Corporation as currently filed with the Florida Dept. of State)  SECRETARY OF STATE	i.
3682512420 NIGODODOD8909HASSEELTI	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:	
A. If amending name, enter the new name of the corporation:	
The new	
name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc."	
"Company" or "Co." may not be used in the name.	
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS) 13 Samuel Que.	
Lake Rouid, Ha, 33852	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  May L. Co.Ston	
113 Sanciel ave.	
Lake Placed, F1, 33852	
D. If amending the registered agent and/or registered office address in Florida, enter the name of the	
new registered agent and/or the new registered office address:  Name of New Registered Agent: Maky L. Coston	
Name of New Registered agent	
113 Samuel Aui.	
New Registered Office Address:	
Lake Placid, FAT. Florida 33852.	
(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	
4Mas & Catt	
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	PT         John D           V         Mike Je           SV         Sally S	<u>ones</u>	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add		N/A	
Remove			
2) Change Add			
Remove 3 ) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or additional she	ing additional Ar ets, if necessary).	ticles, enter change(s) here: (Be specific)	
		NIA	
		19/1	
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•	nl/a	
	<u> </u>	
		if other than th
The date of each amendment(s) addate this document was signed.	loption:	, if other than the
Effective date if applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the De	ock does not meet the applicable statutory filing requirements, this date v	vill not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were a was/were sufficient for approve	dopted by the members and the number of votes east for the amendment al.	(s)

Dated	1/21/22
S:t-	Daris L. Coston
Signati	(By the chairman or vice chairman of the board, president or other officer-if director have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	Mary L. Coston (Typed or printed name of person signing)