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TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	CHRISTIAN SCIE	NCE COMMITTE	EE ON PU	JBLICAT	TION FOR FLO	RIDA, INC.
DOCUMENT NUMBER: NI	6000010479					
The enclosed Articles of Amend	ment and fee are sub	mitted for filing.				
Please return all correspondence	concerning this matt	er to the following	; :			
SANDRA H. CLARK						
		(Name of Contac	t Person)			
CHRISTIAN SCIENCE COM	MITTEE ON PUBLI	CATION FOR FL	ORIDA.	INC.		
		(Firm/ Comp	any)			
505 MANDALAY AVE #67						
		(Address	3)			
CLEARWATER BEACH, FL 3	3767					
		(City/ State and 2	Zip Code)			
florida@compub.org						
E-ma	il address: (to be use	d for future annual	l report no	otification	1)	
For further information concerni	ng this matter, please	e call:				
SANDRA H CLARK			_at727	,	643-1122	
(Na	me of Contact Person	1)		a Code)	(Daytime Tele	phone Number)
Enclosed is a check for the follo	wing amount made p	ayable to the Flori	ida Depan	tment of	State:	
	\$43.75 Filing Fee &. Certificate of Status	☐\$43.75 Filing I Certified Copy (Additional co- enclosed)	•	Certif Certif	O Filing Fee icate of Status ied Copy tional Copy is used)	
Mailing Addr			Street A	ddress	ion	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

CHRISTIAN SCIENCE COMMITTEE ON PUBLICATION FOR	R FLORIDA, INC	
(Name of Corporation as currently filed with the Florida	Dept. of State)	
N16000010479		
(Document Num	ber of Corporation (if kno	own)
Pursuant to the provisions of section 617.1006, Florida Statum amendment(s) to its Articles of Incorporation:	tes, this <i>Florida Not For</i>	Profit Corporation adopts the following
A. If amending name, enter the new name of the corpora	tion:	
N/A		The new
name must be distinguishable and contain the word "corport "Company" or "Co." may not be used in the name.	ation" or "incorporated"	
-	N/A	
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRESS</u>	.)	7.7
		<u></u>
C. Enter new mailing address if applicables	N/A	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
		- D
		· · · · · · · · · · · · · · · · · · ·
		
D. If amending the registered agent and/or registered off		enter the name of the
new registered agent and/or the new registered office	<u>address:</u>	
N/A Name of New Registered Agent:		
	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	(r tor	rida street address)
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered	l Agent	
I hereby accept the appointment as registered agent. I am fa		he obligations of the position.
	,	
	ionature of New Register	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 = Chie
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>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add X Remove	D	MARJORIE M BOWMAN	4255 CHARING CROSS ROAD SARASOTA, FL 34241
2) Change Add	D	NANCY B MAG	304 OLD MILL POND ROAD PALM HARBOR, FL. 34683
Remove 3) Change Add Remove			
4) Change Add			
Remove 5) Change Add		-	
Remove 6) Change Add			
E. If amending or adding (attach additional sheet	g additions, if neces	nal Articles, enter change(s) here: isary). (Be specific)	
N/A	,,,		

•		
N/A		
		
		
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The date of each amendment(s) adoption date this document was signed.	PR:	. if other than the
Effective date if applicable:	(no more than 90 days after amendment file date)	
	es not meet the applicable statutory filing requirements, this date will not be	e listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopted was/were sufficient for approval.	d by the members and the number of votes cast for the amendment(s)	

There are no mem adopted by the bo	bers or members entitled to vote on the amendment(s). The amendment(s) was/were ard of directors.		
Dated	OCTOBER 15, 2020		
Signature	Sandra H. Clark		
	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)		
	SANDRA H CLARK		
	(Typed or printed name of person signing)		
	PRESIDENT / REGISTERED AGENT		
	(Title of person signing)		