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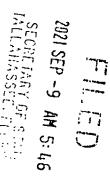
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: FIRST CHURCH OF CHRIST, SCIENTIST, NEW SMYRNABEACH
DOCUMENT NUMBER: N16000011453
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
NANCY GRAVES (Name of Contact Person)
(Firm/ Company)
640 BALL STREET (Address)
NEW SIMYRNA BEACH, FL 32168 (City/ State and Zip Code)
BORABBIT © BELLSOUTH, NET E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
NANCY GRAVES at 386 427-7997 (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:
□ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee Certificate of Status Certificate of Status (Additional copy is cnclosed) □ \$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address Street 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

Articles of Amendment

FILED

to
Articles of Incorporation
of

2021 SEP -9 AM 5: 46

FIRST CHURCH OF CHRIST, SCIENTIST, NEW SINGRAPERINGORP (Name of Corporation as currently filed with the Florida Dept. of State)
N 16000011453
(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: CHRISTIAN SCIENCE SOCIETY OF NEW SULKNABEACH, 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)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
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: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
New Registered Office Address: (Florida street address)
, Florida
(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.
Signatura of Nan Pagirtanad Agent if above

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 a change, Mike Jones led Mike Jones, V as Remove	aves the c	corporation, Sally Smith is named the V	s listed as the PST and Mike Jones is listed as the V. There is and S. These should be noted as John Doe, PT as a Change,		
Example: X Change X Remove X Add	PT Y SY	John Doc Mike Jones Sally Smith			
Type of Action (Check One)	Title	<u>Name</u>	Address		
l) Change Add					
Remove 2) Change Add					
Remove 3) Change Add Remove					
4) Change Add					
Remove					
5) Change Add					
Remove 6) Change Add					
Remove F. If amending or adding	ng additio	onal Articles, enter change(s) here:			
(attach additional shee	els, if nece	essary). (Be specific)			

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The date of each amendment(s) adoption date this document was signed.	n Tulu 4	1571	In a
date this document was signed.			, if other than the
	9		
Effective date if applicable:			
	(no more than 90 days after an	rendment file date)	
Note: If the date inserted in this block do	s not meet the applicable statut	ory filing requirements, thi	is date will not be listed as the
document's effective date on the Departme	ent of State's records.		
Adoption of Amond			
Adoption of Amendment(s)	(CHECK ONE)		

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 9/7/2021					
Signature Mary a Meeting					
(By the chairman of 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)					
MARYGMICHAEL (Typed or printed name of person signing)					
)					
(Title of person signing)					