116097

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COVER LETTER

TO: Amendment Section Division of Corporation	ns			
NAME OF CORPORATI	ON:Church in the	Palms, Inc.		
DOCUMENT NUMBER:	N16097			
The enclosed Articles of Art	nendment and fee are subit	nitted for filing.		
Please return all correspond	ence concerning this matte	er to the following:		
Shawn Allen				
		(Name of Contact Person	1)	
Church in the Palms	S			
	 	(Firm/ Company)		
3218 Jog Rd				
		(Address)		
West Palm Beach,	FL 33467			
	,	(City/ State and Zip Code	e)	
office@churchinthe				
I	E-mail address: (to be used	for future annual report	notification)	
For further information con-	cerning this matter, please	call:		
Shawn Allen		at 5	61-967-2567	
	(Name of Contact Person)) (Ar	ea Code) (Daytime Telephone Nur	nber)
Enclosed is a check for the	following amount made pay	yable to the Florida Depa	ertment of State:	
⊠ \$ 35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee 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

FILED

2016 JUL 18 P 4: 03

SECRETARY OF STATES

Articles of Amendment to Articles of Incorporation of

Church in the Palms, Inc.				
(Name of Corporation	as current	lly filed with the Florid	Dept. of State)	
N16097				
(Docum	ent Numbe	er of Corporation (if know	wn)	
Pursuant to the provisions of section 617.1006, Floramendment(s) to its Articles of Incorporation:	ida Statute	s, this <i>Florida Not For F</i>	Profit Corporation adopts	the following
A. If amending name, enter the new name of the	corporati	on;		
N/A				The new
name must be distinguishable and contain the word "Company" or "Co," may not be used in the name		ion" or "incorporated".	or the abbreviation "Con	p." or "Inc."
B. Enter new principal office address, if applicable:		N/A		
(Principal office address MUST BE A STREET A	DDRESS)			
C. Enter new mailing address, if applicable:		N/A		
(Mailing address MAY BE A POST OFFICE E	<u>(0X</u>)	N/A		
D. If amending the registered agent and/or regis	tered offic	e address in Florido es	ter the name of the	
new registered agent and/or the new registers			THE PRINCE OF THE	
Name of New Registered Agent:	Churc	h in the Palms, Sec	retary	
	3218	Jog Rd		
•		~ <u>~</u>	da street address)	
New Registered Office Address:				· - \
	West	Palm Beach	, Florida	33411
		(Cîŋı)	(Zîp Code))
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent			e obligations of the positi	on,
_		anature of New Register.	ed 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 Mil</u>	n Doc ce Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) Change Add X_ Remove	<u>T</u>	Burnsed, Jodi	335 53 rd Drive North West Palm Beach, FL 33415
2) Change Add Remove	<u>T</u>	Trexler, Ruth	109 Granada Ct Palm Springs, FL 3346
3) Change Add Remove		·	
4) Change Add Remove			
5) Change Add Remove			OH- 20-0
6) Change			

E. If amending or adding a (attach additional sheets,	if necessary). (Be specij	fic)		
N/A				
IN/A				
				·
			**	
· ·				
				

The date of each amendment date this document was signed.	(s) adoption: N/A	, if othe
Effective date <u>if applicable</u> :	N/A (no more than 90 days after amendment fi	21. J
	is block does not meet the applicable statutory filing ne Department of State's records.	·
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/www.was/were sufficient for ap	ere adopted by the members and the number of votes opposed.	east for the amendment(s)
There are no members or adopted by the board of d	members entitled to vote on the amendment(s). The a irectors.	mendment(s) was/were
Dated	7/7/16	
(By the	chairman or vice chairman of the board, president or	other officer-if directors
have n	ot been selected, by an incorporator – if in the hands of ourt appointed fiduciary by that fiduciary)	of a receiver, trustee, or
_	Shown Allen (Typed or printed name of person	signing)
	President (Title of person signin	na)
	(Title of Jerson Signin	٠٥٠