

(Requestor's Name)
(Address)
(Address)
(ladiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(0.1.1
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Operial manufactions to timing officer.

Office Use Only



300316001633

07/20/18--01012--011 **35.00

S TALLENT JUL 2 4 2018

18 JUL 20 PH 4: 38

Inerd

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION		IAN BAPTIST CHUR	CH, INC.		
DOCUMENT NUMBER:	N17000000213				
The enclosed Articles of Am	endment and fee are subm	itted for filing.			
Please return all corresponde	nce concerning this matter	to the following:			
MOISE GOURDET					
	(Name of Contact Perso	n)		
SAN CALOS HAITIAN BA	APTIST CHURCH, INC.				
		(Firm/ Company)			
17509 ROCKEFELLER C	IRCLE				
		(Address)	<u> </u>		
FORT MYERS, FLORIDA	33967				
	(City/ State and Zip Coc	le)		
moisegourdet23@yahoo.	com				
Ε	-mail address: (to be used t	for future annual report	notification	1)	
For further information conc	erning this matter, please c	all:			
MOISE GOURDET		23 at	39	645-2941	
	(Name of Contact Person)		rca Code)	(Daytime Telepho	one Number)
Enclosed is a check for the fe	ollowing amount made pay	able to the Florida Dep	artment of	State:	
■ \$ 35 Filing Fee	□\$43.75 Filing Fee & E Certificate of Status	-	Certif Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)	
Mailing A			Address		
Amendment Section		Amendment Section			
Division o	Division of Corporations				
P.O. Box 6		Clifton Building			
Tallahassee, FL 32314		2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

SAN	CARLOS	HAITIAN	BAPTIST	CHURCH,	INC
-----	--------	----------------	----------------	---------	-----

(Name of Corporation as co	urrently filed with the Florida Dept. o	of State)
N17000000213		
(Document)	Number of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Samendment(s) to its Articles of Incorporation:	statutes, this Florida Not For Profit Con	rporation adopts the following
A. If amending name, enter the new name of the corp	poration:	
name must be distinguishable and contain the word "cor	moration" or "incorporated" on the ab	The new
"Company" or "Co." may not be used in the name.	poration or incorporated or the ab	orevianon "Corp." or "Inc."
B. Enter new principal office address, if applicable:		
Principal office address MUST BE A STREET ADDR	ESS)	
•		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4323 11th Street W	(i i i i i i i i i i i i i i i i i i i
MINISTRATOR OFFICE BOX	Lobinh Assaul El Coord	
	Lehigh Acres, FL 33971	
D. If amending the registered agent and/or registered	office address to Floria	
new registered agent and/or the new registered off	ice address:	ame of the
		
Name of New Registered Agent:		
New Registered Office Address:	(Florida si ces ada	(ress)
		Florida
	(City)	, Florida (Zip Code)
ew Registered Agent's Signature, if changing Registe	rad Aganti	
hereby accept the appointment as registered agent. I an	n familiar with and accept the obligation	ons of the position.
		- •
	Signature of New Registered Agent, i	fchanging

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</u> <u>Mi</u>	nn Doe ke Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u> s
1) Change	P	Osne Feneste	18190 Adams Circle
Add			Fort Myers, FL 33967
X Remove			
2) Change	P 	Cielra Hercule	3212 11th Street SW
X Add			Lehigh Acres, FL 33976
Remove			
3)Change	-		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			·
の Change			
Add			
Remove			

		necific)				
			<u> </u>			
	.			_		
			<u></u>			
						
					-	
	<u> </u>					
<u>.</u>						
	•					
						
						
		· · · · · ·				
						

	e date of each amendment(s) adoption:e this document was signed.	, if other than the
	ective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)	
<u>Not</u> doci	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ument's effective date on the Department of State's records.	listed as the
Ado	option 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 7 16 2018	
	Signature Why Ol	
	(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)	
	MOISE GOURDET	
	(Typed or printed name of person signing)	
	REGISTERED AGENT Sec	
	(Title of person signing)	