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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificate | s of Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

TO: Amendment Section Division of Corporations

| Vocational Church Inc. NAME OF CORPORATION: | · |
|---|-------------|
| N17000000289 DOCUMENT NUMBER: | |
| The enclosed Articles of Amendment and fee are submitted for filing. | |
| Please return all correspondence concerning this matter to the following: | |
| Charles O Young | |
| (Name of Contact Person) | |
| Vocational Church Inc | |
| (Firm/ Company) | |
| PO 789 | |
| (Address) | |
| Valrico, Fl 33595 | |
| (City/ State and Zip Code) | |
| chaschaplain@aol.com | |
| E-mail address: (to be used for future annual report notification) | |
| For further information concerning this matter, please call: | |
| Charles Young 813 489 5877 | |
| (Name of Contact Person) (Area Code) (Daytime Telephone Num | ber) |
| Enclosed is a check for the following amount made payable to the Florida Department of State: | |
| \$35 Filing Fee | |

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

Articles of Amendment to Articles of Incorporation of

| Vocational Church Inc | | |
|---|--|--|
| (Name of Corporation | n as currently filed with the Florida D | ept. of State) |
| N17000000289 | | 2013 HAY 15 P 3 & 8 |
| (Docu | ment Number of Corporation (if known) | ZUN RAL LD P J. CV |
| | • | |
| Pursuant to the provisions of section 617.1006, Flo amendment(s) to its Articles of Incorporation: | orida Statutes, this <i>Florida Not For Prof</i> | it Corporation adopts the following |
| A. If amending name, enter the new name of th | e corporation: | |
| | | The new |
| name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam | | he abbreviation "Corp," or "Inc." |
| Company or Co. may not be used in the num | <u>e</u> . | |
| B. Enter new principal office address, if applica | | |
| (Principal office address <u>MUST BE A STREET A</u> | 1 <u>DDRESS</u>) | |
| | | |
| | | |
| C. Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE | <u>BON</u>) | |
| | | |
| | | |
| | | - |
| D. If amending the registered agent and/or regi | stered office address in Florida, enter | the name of the |
| new registered agent and/or the new register | | The state of the s |
| Name of New Registered Agent: | Charles O Young, PhD | |
| Name of New Registered Agent. | 509 South Saint Cloud Ave | |
| | | |
| New Registered Office Address: | | reet address) |
| | Valrico | 33594 |
| | (City) | Florida (Zip Code) |
| | (Cir) | (zip code) |
| New Registered Agent's Signature, if changing I | | |
| I hereby accept the appointment as registered agen | nt. I am familiar with and accept the oh | ligations of the position. |
| | 1/1/2/ | |
| | Signature of New Registred A | ing |
| | Signature of New Registered A | gent, it manging |

| If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, a | ind |
|---|-----|
| 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: | |
| D. D. C. L. W. W. D. C. L. T. T. C. C. C. D. D. C. TD. T. C. C. L. C. L. C. D. C. | 1. |

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>PT</u> <u>V</u> <u>SV</u> | John Doe Mike Jones Sally Smith | |
|----------------------------------|------------------------------------|---------------------------------------|-----------------|
| Type of Action (Check One) | Title | <u>Name</u> | <u>Addres</u> s |
| 1) Change Add Remove | | | |
| 2) Change Add Remove | | | |
| 3) Change Add Remove | - | _ | |
| 4) Change Add Remove | | | |
| 5) Change Add Remove | · | | |
| 6) Change Add Remove | | | |

| attach additional sheets, if necessary). | (Be specific) | |
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| | e date of each amendment(s) adoption: | , if other than the |
|------|--|---------------------|
| lati | e this document was signed. | 1 |
| eff | ective date if applicable: | |
| | (no more than 90 days after amendment file date) | |
| loc | te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be sument's effective date on the Department of State's records. | e listed as the |
| ١d٥ | option of Amendment(s) (<u>CHECK ONE</u>) | |
| | The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval. | |
| 8 | 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 5/14/2019 | |
| | Signature Korles D. Grung | |
| | (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) | |
| | Charles O Young | |
| | (Typed or printed name of person signing) | |
| | President | |
| | (Title of person signing) | • |