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COYER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

The Wave Church, Inc. DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Traci Jones he wave Church, Inc Bradenton, FL 34204 (City/ State and Zip Code) The wave Church @ aol. Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Praci Jones at 941-920-8629 (Area Code) (Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: \$43.75 Filing Fee & Certificate of Status Certified Copy □\$52.50 Filing Fee Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to Articles of Incorporation

The Wa	ve Chur	ch inc
(Name of Corporation as curren		
NITOOO	001691	
	er of Corporation (if k	nown)
ursuant to the provisions of section 617.1006, Florida Statute mendment(s) to its Articles of Incorporation:	s, this <i>Florida Not Fo</i>	er Profit Corporation adopts the following
. If amending name, enter the new name of the corporati	<u>on:</u>	٠. پمر
		70 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ame must he distinguishable and contain the word "corporat. Company" or "Co." may not be used in the name.	ion" or "incorporated	d" or the abbreviation "Corp. "on "Inc."
Enter new principal office address, if applicable:		SEE
Principal office address <u>MUST BE A STREET ADDRESS</u>)		Eog
		_
Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		
If amending the registered agent and/or registered office	o address in Florido	anton the name of the
new registered agent and/or the new registered office ac	<u>e address in Fiorida,</u> <u>ldress:</u>	enter the name of the
Name of New Registered Agent:		
name of the register on rigem.	····-	
	(Fl	orida street address)
New Registered Office Address:	·	,
		, Florida
	(City)	(Zip Code)
ew Registered Agent's Signature, if changing Registered Agent are ereby accept the appointment as registered agent. I am fam	Agent: viliar with and accept	the obligations of the position.
Sir	enature of New Regist	ered 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</u> <u>Mil</u>	n Doe ke Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	D	Kolton Jones	20025 Goldcup Ct. Port Charlotte, Fl 33952
2) Change Add	D	David Newell	117 E. Jefferson Jackson, mo 63755
Remove 3) Change Add Remove	$\overline{\mathcal{D}}$	Army Tucker	279 Honey Holler Bald Knob, AR 72010
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

ttach additional sheets, if necessary).	cles, enter change((Be specific)			
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The date of each amendment(s) add	option: 4-20-17	, if other than th
date this document was signed.	4-20-17	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment fi	ile date)
Note: If the date inserted in this bloc document's effective date on the Dep	k does not meet the applicable statutory filing re	,
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add was/were sufficient for approval	opted by the members and the number of votes of.	cast for the amendment(s)
☐ There are no members or members adopted by the board of director	ers entitled to vote on the amendment(s). The ares.	mendment(s) was/were
Dated	4/24/17	
Signature	Stacifornes	
have not been	nan or vice chairman of the board, president or one is selected, by an incorporator – if in the hands oppointed fiduciary by that fiduciary)	
	Traci mes (Typed or printed name of person	signing)
	vP	
	(Title of person signin	(9)