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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
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1. AN ANASSEE FLORID

COVER LETTER

Division of Corporations
NAME OF CORPORATION: Deeper Purpose Community Church In
DOCUMENT NUMBER: N 17000004232
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of Contact Person)
Desper Purpose Youth + Studen+ Ministries
(Firm/ Company)
P.O. Box le High Springs, FC 32 Less
(Address)
High Springs, FL 32455 (City/ State and Zip Code)
(City/ State and Zip Code)
deeperpurpuse CC Dyahou, Com E-mail address! (to be used for future annual report notification)
For further information concerning this matter, please call:
Adam Joy (Name of Contact Person) at (352) 474 - 9040 (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 & \$2343.75 Filing Fee & \$52.50 Filing Fee Certificate of Status

(Additional copy is

enclosed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314 Street Address

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Certified Copy

(Additional Copy is Enclosed)

Articles of Amendment

to

٨	rtic	les	of	Inc	orj	por	atio	ľ
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Deeper Purpose Co	mm	iitu (huco	hIr	IC	
(Name of Corporation as	s currently	filed with ti	he Florida I	Dept. of State	<u> </u>	
NITOO	111)4	237)			
(Docume)	nt Number o	f Corporation	on (if known)		
Pursuant to the provisions of section 617,1006, Florid amendment(s) to its Articles of Incorporation:	la Statutes, th	nis <i>Florida</i> .	Not For Pro	fit Corporati	on adopts the	e following
A. If amending name, enter the new name of the contain the word " "Company" or "Co." may not be used in the name	Stud	ent or incor	MINI S porated or	TIES,	IOC , ion " Corp."	The new or "Inc"
B. Enter new principal office address, if applicable (Principal office address <u>MUST BE A STREET AD</u>		NA			·······························	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BO</u>		NA				
D. If amending the registered agent and/or registe	ered office a	ddress in F	lorida, ente	r the name o	f the 37.	60 FIL.
new registered agent and/or the new registered	l office addr	ess:			() () () () () () () () () ()	1_E 22
Name of New Registered Agent:	NA				. <u> </u>	<u> </u>
<u>New Registered Office Address</u> :			(Florida)	street address)	4 C	12
_					orida	
	(1	City)		t.	Zip Code)	
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.			accept the o	bligations of	the position.	
	JN 7 N Signa	ture of New	r Registered	Agent, if chai	nging	

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>Mik</u>	<u>n Doe</u> <u>re Jones</u> <u>y Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	<u>D</u>	Robert Fulcomor	858 SW Horseshoe Loop Ft. white, FC 32038
2) Change Add Remove	<u>D</u> _	Katrina Fulcomer	858 SW Horseshoe Lap Ft. White FL
Remove 3) Change Add Remove	<u>C00</u>	Kyle Ward	32037 58 Wilmont Rd Whittier, NC 28789
4) Change Add Remove	<u>D</u> _	Sierra Muse	19/02 NW 240thst High Springs, FC - 32/043
5) Change Add Remove			
6) Change Add Remove			

attach additional sheets, if necessary).	(be specific)				
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The date of each amendment(s) adoption: date this document was signed. Effective date if applicable:	_, if other than the
(no mor) than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not b document's effective date on the Department of State's records.	e listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and the number of votes east 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	
Signature adam Q. Jay	_
(By the chairman or vice chairman of the floard, 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)	
Adam O. Joy (Typed or printed number of person signing)	
(Typed of printed number of person signing)	
(E) Registered agent (Title of person signing)	