# n1060604514

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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### **COVER LETTER**

TO: Amendment Section Division of Corporations

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| NAME OF CORPORATION: The Way Christian Church INC.  |
|---|
| DOCUMENT NUMBER: <u>N 1700000 4514</u>  |
| The enclosed Articles of Amendment and fee are submitted for filing.  |
| Please return all correspondence concerning this matter to the following:   |
| James Picklesimer   |
| (Name of Contact Person)  |
|   |
| (Firm/ Company)   |
| 9774 SE 175th STREET  |
| · /   |
| Summer field Fla 3449/ (City/ State and Zip Code)   |
|   |
| Jumes P. Reagen Com.  E-mail address: (to be seed for future annual report notification)  |
| For further information concerning this matter, please call:  |
| Tames PickLesimel at 352 346-3408 (Name of Contact Person) (Area Code) (Daytime Telephone Number)   |
| (Name of Contact Person) (Area Code) (Daytime Telephone Number)   |
| Enclosed is a check for the following amount made payable to the Florida Department of State:   |
| \$35 Filing Fee Certificate of Status  Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  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

# **Articles of Amendment**

to

| Articles | of | Incorpo | ration |
|----------|----|---------|--------|
|----------|----|---------|--------|

| Articles of Incorporation  |
|--|
| of   |
| The Way Christian Church INC. (Name of corporation as currently filed with the Florida Dept. of State) |
| (Name of corporation as currently filed with the Florida Dept. of State)                               |
|  |
| N 1700000 4514   |
| (Document number of corporation (if known)   |
| rsuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit            |

Pur Corporation adopts the following amendment(s) to its Articles of Incorporation:

**NEW CORPORATE NAME (if changing):** 

| NA  |
|---|
| must contain the word "corporation," "incorporated," or the abbreviation "corp." or "inc." or words of like import in anguage; "Company" or "Co." may <u>not</u> be used in the name of a not for profit corporation)   |
| AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)  |
| ARTICLE VII   |
| Remove PRES-Charles Vanover   |
| 12151 SE 86th Ave Belleview, Flq 34420  |
| Add TRUS - Charles Vanover 12151  |
| E 86th Ave BeLLeview, Fla 34420   |
| Add-PRES-Larry Stewart-10620 Sw 27th au   |
| Lot 62, Ocala, 7La 34476  |
| Aritical II Change to   |
| 11501 SF U.S. 301 Belleview, 7kg 34420  |
|   |
| 23  |
|   |
| CAMBINE Additional and if the second of the |
| (Attach additional pages if necessary) (continued)  |

| The date of adoption of the amendment(s) was: 2017  Effective date if applicable: (no more than 90 days after amendment file date)  |
|---|
| Adoption of Amendment(s) (CHECK ONE)  |
| The amendment(s) was (were) adopted by the members and the number of votes cast for the amendment was sufficient for approval.  |
| There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.   |
| Signature  (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.) |
| James Picklesimer  (Typed or printed name of person signing)  |
| TREA (Title of person signing)  |