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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	The People's Church			
	N18000001881			
DOCUMENT NUMBER:				
The enclosed Articles of An	nendment and fee are subn	nitted for tiling.		
Please return all correspond	ence concerning this mutte	r to the following:		
Mark Shorey				
	<u>.</u>	(Name of Contact Per	rson)	
The People's Church Of Orl	lando, Inc.			
		(Firm/ Company)		
580 Cape Cod Lane - Suite	I			
		(Address)		
Altamonte Springs, Florida	32714			
		(City/ State and Zip C	ode)	
pastor@peopleoforlando.or	g			
T-	-mail address: (to be used	for future annual repo	rt notification	1)
For further information conc	erning this matter, please o	call:		
Mark Shorey		at _	407	718.7772
	(Name of Contact Person)			(Daytime Telephone Number)
Enclosed is a check for the f	following amount made pay	vable to the Florida D	epartment of	State:
☐ \$35 Filing Fee	□\$43.75 Filing Fee & I Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)
& Co. History A	edelmore	P4		

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

The People's Church of Orlando, Inc.

The People's Church of Orlando, Inc.		_			
(Name of Corporation N18000001881	n as c <u>urrentl</u>	y filed with the Flo	rida Dept. of State)		
	ment Number	of Corporation (if k	nown)		
Pursuant to the provisions of section 617,1006, Flo amendment(s) to its Articles of Incorporation:	orida Statutes.	this Florida Not Fo	or Profit Corporation adopts	the following	
A. If amending name, enter the new name of the N/A	e corporatio	<u>n:</u>			
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam		m" or "incorporate	d" or the abbreviation "Corp	The new o." or "Inc."	
0.10.10.10.10.10.10.10.10.10.10.10.10.10		580 Cape Cod Lane			
B. <u>Enter new principal office address, if applica</u> (Principal office address <u>MUST BE A STREET A</u>		Suite 1			
	-	Altamonte Springs, I	Florida 32714		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX</u>)	580 Cape Cod Lane			
· · · · · · · · · · · · · · · · · · ·		Suite 1			
	~	Altamonte Springs,	Florida 32714		
D. If amending the registered agent and/or regi- new registered agent and/or the new register Name of New Registered Agent:		dress:	enter the name of the		
rame by svew neglinerea Agem.	580 Cape C	0 Cape Cod Lane - Suite 1			
New Registered Office Address:	-	· · · · · · · · · · · · · · · · · · ·	lorida street address)	<u></u>	
	Altamonte :	Springs	327 , Florida	14	
		(City)	(Zip Code)		
New Registered Agent's Signature, if changing I	Registered A	gent:			
I hereby accept the appointment as registered agen	nt. I am famí	tiar with and accept	the obligations of the position	2016 0	
-	Sigi	nature of New Regis	tered Agent, (Changing)		
	Pa	ge I of 4		ا ت	

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 <math>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 Doc, 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>	in Doe ke Jones Iv Smith	
Type of Action (Check One)	<u>Title</u>	<u>N</u> ume	<u>Addres</u> s
1) Change	T'	Jenny A. Klima	3381 FAWNWOOD DR.
Add X Remove			OCOEE, FL 34761
X 2) Change	ST	John F. Wagner III	580 Cape Cod Lane
Add			Suite 1
Remove			Altamonte Springs, FL 32714
X Change	Þ	Mark E. Shorey	580 Cape Cod Lane
Add			Suite
Remove			Altamonte Springs, FL 32714
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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The da	e of each amendment(s) adoption: if other the	ian the
date th	document was signed.	
Effect	e date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)	
	f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t nt's effective date on the Department of State's records.	he
Adopt	on of Amendment(s) (CHECK ONE)	
	e amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) s/were sufficient for approval.	
	ere are no members or members entitled to vote on the amendment(s). The amendment(s) was/were opted by the board of directors.	
	10/15/2018	
	Dated	
	MANUS STATE OF THE	
	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)	
	Mark Shorey	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	