N18000002109

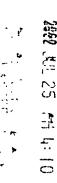
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1JUL 25 **2022** M. SOLOMON

COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327 Tallahassee, Ft. 32314

The Resting Place of	Tampa, Inc.	
NAME OF CORPORATION:		
N18000002109		
DOCUMENT NUMBER:		
The enclosed Articles of Amendment and fee are sub-	nitted for filing.	
Please return all correspondence concerning this matter. Scott Smylie	er to the following:	
	(Name of Contact Person)	
The Resting Place Apostlic Family, Inc.	•	
	(Firm/ Company)	
217 Hohbs St., #106		
	(Address)	
Tampa, FL 33619		
	(City/ State and Zip Code)	
scott@trptampa.com		-: -: -: -: -: -: -: -: -: -: -: -: -: -
E-mail address: (to be used	for future annual report notification)	; 3
For further information concerning this matter, please	call:	
Scott Smylie	813 461-4564	
(Name of Contact Person	at	Telephone Number)
Enclosed is a check for the following amount made pa	·	,
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & ☐S52.50 Filing Fee Certified Copy (Additional copy is enclosed) ☐S52.50 Filing Fee Certificate of State Certified Copy (Additional Copy Enclosed)	
Mailing Address	Street Address	
Amendment Section Division of Corporations	Amendment Section Division of Corporations	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation of

The Resting Place of Tampa, Inc.

(Name of Corporation as currently filed with the Florida N18000002109	Dept. of State)	
(Document Numb	ber of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statut amendment(s) to its Articles of Incorporation:	tes, this Florida Not For Profit Corporation adopts the	following
A. If amending name, enter the new name of the corpora	tion:	
The Resting Place Apostlic Family, Inc.		The new
name must be distinguishable and contain the word "corpore "Company" or "Co." may not be used in the name.	ation" or "incorporated" or the abbreviation "Corp." o	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS	3)	
		_ ,
C. Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		e i -
D. If amending the registered agent and/or registered off	ice address in Florida, enter the name of the	- 13
new registered agent and/or the new registered office		
Name of New Registered Agent:		
	(Florida street address)	
New Registered Office Address:		
	, Florida	
	(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered		
I hereby accept the appointment as registered agent. I am fo	amiliar with and accept the obligations of the position.	
	Signature of New Registered 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>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		_	2562 2662
4) Change Add			<u> </u>
Remove			
5) Change Add			· 0
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee	ng addition	onal Articles, enter change(s) here: essary). (Be specific)	
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	April 29, 2022	if other th	an tha
date this document was signed.		, it office the	an the
April 29, 202			
Effective date <u>if applicable</u> :	o more than 90 days after amendment file date)		
	not meet the applicable statutory filing requirements, this date will r	not be listed as t	he
Adoption of Amendment(s) (9	CHECK ONE)		
☐ The amendment(s) was/were adopted by was/were sufficient for approval.	y the members and the number of votes cast for the amendment(s)		

Dated	July 22, 2022
Signature	(By the chairman of 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) Scott Smylie
	(Typed or printed name of person signing)
	Director and Executive Pastor
	(Title of person signing)

■ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were

adopted by the board of directors.

299 JUL 25 Mi 4: [C



July 6, 2022

SCOTT SMYLIE THE RESTING PLACE APOSTOLIC FAMILY, INC. 217 HOBBS ST.. #106 TAMPA. FL 33619

SUBJECT: THE RESTING PLACE APOSTOLIC FAMILY, INC.

Ref. Number: W22000089062

The form you submitted is for a Foreign Profit Corporation, but your entity is a Florida Not for Profit Corporation. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6051.

1/22/22
Please see up dated
Please see up dated
do name change
document for name change
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secution Postor
The Righing Place

Mel Solomon Senior Section Administrator

Letter Number: 122A00015104

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