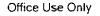
N18000008684

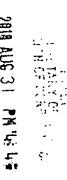
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





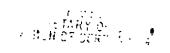
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COVER LÉTTER '



TO: Amendment Section Division of Corporations 2018 AUG 31 PA 14 48

NAME OF CORPORATION:	Crestvie, Incorporated
N18000008684	
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are s	ubmitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Brandon Ellis	
	(Name of Contact Person)
Connect Church	
	(Firm/ Company)
2753 Savannah Ln	
	(Address)
Crestview/ FL 32539	
	(City/ State and Zip Code)
brandonellis37@gmail.com	
E-mail address: (to be us	sed for future annual report notification)
For further information concerning this matter, plea	ise call:
Brandon Ellis	385 239-3276
(Name of Contact Pers	
Enclosed is a check for the following amount made	payable to the Florida Department of State:
□ \$35 Filing Fee □\$43.75 Filing Fee Certificate of Statu	& =\$43.75 Filing Fee &

Mailing Address

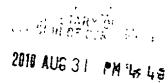
Amendment Section Division of Corporations P.O. Box 6327

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



Articles of Incorporation of

Connect Church Crestvie, incorporated		
(Name of Corporation as curren	tly filed with the Florida De	pt. of State)
N18000008684		
(Document Numb	er of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	s, this <i>Florida Not For Profi</i>	t Corporation adopts the following
A. If amending name, enter the new name of the corporati	on:	
Connect Church Crestview, Inc.		The new
name must be distinguishable and contain the word "corporat" "Company" or "Co." may not be used in the name.	ion" or "incorporated" or th	
B. Enter new principal office address, if applicable:	5459 Fairchild Rd.	
(Principal office address MUST BE A STREET ADDRESS)	Crestview, FL. 32539	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	5459 Fairchild Rd. Crestview, FL. 32539	
D. If amending the registered agent and/or registered office		the name of the
new registered agent and/or the new registered office a	<u>ddress:</u>	
Name of New Registered Agent:		
5459 Fair	child Rd	
New Registered Office Address:	(Florida str	eet address)
Crestview	,	, Florida 32539
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fai		ligations of the position.
Si	gnature of New Registered A	gent, 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	PT John Doe V Mike Jones SV Sally Smith	
Type of Action (Check One)	<u>Title</u> Name	Address
1) Change Add Remove Change Add		
Remove 3)ChangeAddRemove		
4) Change Add Remove	PLICAB	
5) Change Add		
Remove		
6) Change		
Add		
Remove		

(attach	nding or adding additional Articles, enter change(s) here: additional sheets, if necessary). (Be specific)
	APPE ARE
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The date of each amendment(s) adoption:		, if other than the		
	rtive date <u>if appli</u>	•		
			(no more than 90 days after amendment file date)	
			does not meet the applicable statutory filing requirements, this date will no rtment of State's records.	t be listed as the
Adoj	otion of Amendm	ent(s)	(CHECK ONE)	
	The amendment(s was/were sufficien		pted by the members and the number of votes east for the amendment(s)	
	There are no mem adopted by the be		rs entitled to vote on the amendment(s). The amendment(s) was/were s.	
	Dated	08/29/2018		
	Signature		andon Ellio	
		have not been	an or vice chairman of the board, president or other officer-if directors selected, by an incorporator – if in the hands of a receiver, trustee, or pointed fiduciary by that fiduciary)	
		Brandon E	llis	
			(Typed or printed name of person signing)	
		President/l	lead Pastor	
		-	(Title of person signing)	