NBOODII368

(Requestor's Name)
(Address)
(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:

Office Use Only



000320643620

11/13/18--01006--029 **35.00

NOV 21 2018 S. YOUNG

COVER LETTER

Division of Corporations Way Family Church INC NAME OF CORPORATION: _ DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: (City/ State and Zip Code) E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: (Name of Contact Person) Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is (Additional Copy is enclosed) Enclosed)

Mailing Address

TO: Amendment Section

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

The Way Family	4 Čhuko	h INC	
(Name of Corporation as c	urpently filed with the Flor	ida Dept. of State)	
VI 18 WOOT	36V		
(Document	Number of Corporation (if k	nown)	
·	•		
Pursuant to the provisions of section 617,1006, Florida Samendment(s) to its Articles of Incorporation:	statutes, this Florida Not Fo	r Projit Corporation a	aopis the following
A. If amending name, enter the new name of the cor	poration:		
			The new
name must be distinguishable and contain the word "co	rporation" or "incorporated	l" or the abbreviation	"Corp." or "Inc."
"Company" or "Co." may not be used in the name.			
B. Enter new principal office address, if applicable:			
(Principal office address <u>MUST BE A STREET ADDR</u>	<u>(ESS</u>)		
		. <u>. </u>	
C. Enter new mailing address, if applicable:			<u>ــ</u> ــــ
(Mailing address MAY BE A POST OFFICE BOX	<i></i>		300
			至 夏 五
			V
D. If amending the registered agent and/or registere	d office address in Florida,	enter the name of the	
new registered agent and/or the new registered of	Tice address:		9: 30 [OKID
Name of New Registered Agent:			
	(Fi	lorida street address)	
New Registered Office Address:			
		, Florida	1
	(City)		Code)
Now Degistered Agent's Signature if shanging Degis	tarad Agent:		
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I	am familiar with and accept	the obligations of the p	position.
	·		
	Signature of New Regist	tered Agent, if changing	g

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)	<u>Title</u>	<u>Name</u>		<u>Address</u>
Change Add Remove	D	Joelson	<u>Da Silveira</u>	1397 Canopy Drive Drange Park, FL 32065
2) Change Add				
Remove 3) Change Add			·	
Remove 4) Change Add				
Remove 5) Change Add				
Remove 6) Change Add				
Remove				

ttach additional sheets, if necessary).	(Be specific)
,	
	

The date of each amendment(s) adoption: 11-00-2018	other than the
date this document was signed.	
Effective date if applicable:	
(no more 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 be list document's effective date on the Department of State's records.	ted as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and the number of votes cast 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 11-10-2018	
Signature Of Dolloste	
(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)	
Celio Da Costa	
(Typed or printed name of person signing)	
(Title of person signing)	