N18720

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COVER LETTER

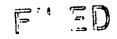
TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Fairlawn Baptist Church of Fort Pierra, FL Inc
DOCUMENT NUMBER:
DOCUMENT NUMBER.
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Lynda Oostdyk
(Name of Contact Person)
Fairlawn Baptist Church
(Firm/ Company)
3003 Rhode Island Aux
(Address)
Fort Pierce, FL 34947
(City/ State and Zip Code)
fairlawnfp 6 gmail. com E-mail address: (to be used for future annual report notification)
E-man address. (to be dised for future annual report notification)
For further information concerning this matter, please call:
Lunda Oastduk
Lynda Oostdyk at 772 461-0814 (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:
S35 Filing Fee S43.75 Filing Fee SCertificate of Status Certified Copy (Additional copy is enclosed) S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of Corporations

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation



FAIRLAWN BAPTIST CHURCH OF FORT PIERCE, FL., INC.

2019 AUG 19 PH 3:

(Name of Corporation as cur	rrently filed with the Florida Dept. of State)
	N18720
(Document N	lumber of Corporation (if known)
Pursuant to the provisions of section 617,1006, Florida Stannendment(s) to its Articles of Incorporation:	tatutes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpo	
) A. The new
name must be distinguishable and contain the word "corp "Company" or "Co." may not be used in the name.	poration" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	NA
(Principal office address MUST BE A STREET ADDRE	ESS)
	·
C. Enter new mailing address, if applicable:	N A
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	Ρ΄
D. If any adjugaths assistanted asset and/or resistanted	office address in Florida, enter the name of the
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi	
None of New Project and America	
Name of New Registered Agent:	17.17
	(Florida sweet address)
New Registered Office Address:	,,
	Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registe	ered Agent:
	m familiar with and accept the obligations of the position.
	. M
	Signature of New Registered Agent, if changing
	мунише ој њем њеуметси муст, у спануту

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 D V Mike J SV Sally S	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	<u> V P</u>	Bobby Hopkins	6755 Lila Ct Fort Pierre, FL 34951
2) Change Add Remove	<u>vP</u>	Barry Mc Claskie	743 S.W. Lakehurst Drive Port St.Lucie, Fl 34983
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

If amending or adding additional Article (attach additional sheets, if necessary),	(Be specific)	-	
	NA		
			
			<u>, </u>
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: $\frac{\int cc}{\sqrt{24}} = \frac{2019}{\sqrt{2019}}$	
Effective date if applicable: Jic/y 24, 2019 (no more than 90 days after amendment file date)	
<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will n document's effective date on the Department of State's records.	ot be listed 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 8-/5-/9	
Signature Miles & Costle	
(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)	
(Typed or printed name of person signing)	
President (Title of person signing)	
(Title of person signing)	