N18720

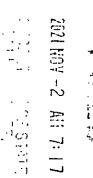
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A BUTLER NOV 03 2021

COVER LETTER

TO: Amendment Section Division of Corporations

Fairlawn Bar NAME OF CORPORATION:	otist Church of Fort Pierce,	FL., Inc.	
N18720 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee	are submitted for filing.		
Please return all correspondence concerning the	nis matter to the following:		
Violet Smith			
	(Name of Contact l	Person)	
Fairlawn Baptist Church of Fort Pierce, FL., I	nc.		
	(Firm/ Compa	ny)	
3003 Rhode Island Avenue			
	(Address)		
Fort Pierce, FL 34947			
	(City/ State and Zip	Code)	
fairlawnfp@gmail.com			
E-mail address: (to	be used for future annual re	eport notificatio	n)
For further information concerning this matter	, please call:		
Violet Smith	ij	772 ut	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:
■ \$35 Filing Fee □\$43.75 Filing Certificate of	Fee & S43.75 Filing Fee Status Certified Copy (Additional copy enclosed)	Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Address Amendment Section		treet Address mendment Sect	ion

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation

THED of

Fairlawn Baptist Church of Fort Pierce, FL., Inc. 2021 NOV -2 AH 7: 17 (Name of Corporation as currently filed with the Florida Dept. of State) N18720 (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation" or "incorporated" 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 MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Violet Smith Name of New Registered Agent: 3003 Rhode Island Avenue (Florida street address) New Registered Office Address: , Florida 34947 Fort Pierce (City) New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Violet Beamath 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	PT John Do V Mike Jo SV Sally Sr	nes	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add	Secretar	McClaskie, Sheila K	743 S.W. Lakehurst Drive Port St. Lucie, FL 34983
2) Change Add	AS	Lloyd, Julie	9520 Portside Drive Fort Pierce, FL 34945
3) Remove Change Add Remove	Secretar	Lloyd, Julie	9520 Portside Drive Fort Pierce, FL 34945
4) Change Add	Treasure	Hopkins, Kristine	6755 Lila Court Fort Pierce, FL 34951
5) Change Add	<u>AT</u>	Aycock, Heather	356 NW Aurora Port St. Lucie, FL 34983
$6) \underbrace{\sum_{\text{xxxx}}^{\text{Xxxx}} \text{Remove}}_{\text{Xxxx}} $ Add	Treasure	Aycock, Heather	356 NW Aurora Port St. Lucie, FL 34983
E. If amending or addin (attach additional shee		cles, enter change(s) here: (Be specific)	

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		-
ne date of each amendment(s) adoption:		, if other than t
te this document was signed.		
Tective date if applicable: (no more than 90 days after amendment file)		

<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)

(CHECK ONE)

The amendment(s) was/were adopted by the members and the number of votes east for the amendment(s) was/were sufficient for approval.

here are no members or members entitled to vote on the amendment(s). The amendment(s) was/were lopted by the board of directors.
Dated 10/6/21
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)
James Lloyd
(Typed or printed name of person signing)
Vice President
(Title of person signing)



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 18, 2021

VIOLET SMITH FAIRLAWN BAPTIST CHRUCH OF FORT PIERCE 3003 RHODE ISLAND AVENUE FORT PIERCE, FL 34947 US

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

Ref. Number: N18720

We have received your document for FAIRLAWN BAPTIST CHURCH OF FORT PIERCE, FL., INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler Regulatory Specialist II

Letter Number: 421A00025264

A. BUTLER

NOV 03 2021