N19 000003577

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
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Division of Corporations
NAME OF CORPORATION: FAHNFUL BAPTIST CHURCH
DOCUMENT NUMBER: N1900003577
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Kelli Swillel (Name of Contact Person)
(Name of Contact Person)
(Firm/ Company)
35976 SE US HW 19 (Address)
OID TOWN, FI 32080 (City/ State and Zip Code)
KS_8875@POLCOM E-mail address: (to be used for future annual report notification) E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
(Name of Contact Person) at 350 - 205 - 1008 2 350 (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 Fee & ☐\$43.75 Filing Fee & ☐\$52.50 Filing Fee Certificate of Status (Additional copy is 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Enclosed)

Articles of Amendment

to

Articles of Incorporation of

Father Bronst Chi	Jrch = "
(Name of Corporation as currently filed with the Florida I	Dept. of State)
N19000003577	
(Document Numb	per of Corporation (if known)
	•
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporat	tion:
	The new
name must be distinguishable and contain the word "corpora "Company" or "Co." may not be used in the name.	tion" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	25876 SF US HULL 19
	01d To 00 El :22/60
	011 10011, 11 30000
D. If amonding the registered agent and/or registered offi	an adduser in Florida, sutom the mann of the
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office a	
- V 01	1 i C 1 i C 1
Name of New Registered Agent:	LI SWITEL
125	O Swawib Pl
No. Books Address	(Florida street address)
New Registered Office Address:	
0++	CYCYPPIC Florida 32003
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered	Agent:
I hereby accept the appointment as registered agent. I am fai	
KQ J	lea Spiller
Si	gnature of New Registered Agenty if changing
	V

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>V</u> <u>Mik</u>	n Doe e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	I	Kristen ueron	12951 NWOSTE A MICHAMIFI BALA,
2) Change Add	TB_	James J. Weich Jr.	12951 NW 854 AR Chictian F 32000
Remove Change Add Remove	<u>S</u> _	Kelli Swilley	P) BX 91 OHER CYEEK, 1-1 3308
4) Change	I	Musten Gillert	7191 NW 9510St Chietrand, Fl 32026
Remove 5) Change Add	TB	Brandon Hart	9712 NW 565th St ONCHUOLIFE 33624
Remove 6) Change Add	T	Draid G. Neeks	12950 NW POMALE
Remove E. If amending or ade (attach additional sh		Articles, enter change(s) here:). (Be specific)	
6) Dxxuc	d G. Me	ers charge from "	TR' to only "T"

·- ·-
The date of each amendment(s) adoption:, if 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 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 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 May 5, 2020			
Signature KILLI SULLLEY			
(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)			
SECYPTAVL (Title of person signing)			