## N19000006184

(Req	uestor's Name)	
(Add	ress)	•
—————(Add	ress)	
(City	/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bus	iness Entity Nam	<u> </u>
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Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	-





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## **COVER LETTER**

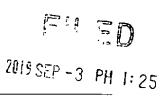
**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

THE SCRIPTURE P	ROJECT, INC		
N19000006184 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are subm			
Please return all correspondence concerning this matte	er to the following:		
MARK CROSS EA			
	(Name of Contact I	Person)	
MARK CROSS TAX SERVICES INC			
	(Firm/ Compar	ny)	
209 S CLYDE AVE			
	(Address)		
KISSIMMEE FL 34741			
	(City/ State and Zip	Code)	·
MARKCROSSEA@PRODIGY.NET			
E-mail address: (to be used	for future annual re	port notification	1)
For further information concerning this matter, please	call:		
MARK CROSS EA	a	407	944-4242
(Name of Contact Person)	)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida	Department of	State:
■ \$35 Filing Fee	□\$43.75 Filing Fee Certified Copy (Additional copy enclosed)	Certif is Certif	icate of Status ied Copy tional Copy is
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	A D	treet Address mendment Sect ivision of Corpo lifton Building	

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment Articles of Incorporation of



THE SCRIPTURE PROJECT, INC.

(Name of Corporation as curren	ntly filed with the Florida Dept. of State)			
N19000006184				
(Document Numb	ber 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.	ition" or "incorporated" or the abbreviation "Corp." or "Inc."			
B. Enter new principal office address, if applicable:	2581 CALVANO DR			
(Principal office address MUST BE A STREET ADDRESS	LAND O LAKES, FL 34639			
C. Enter new mailing address, if applicable:	2501 CALVANO DD			
(Mailing address MAY BE A POST OFFICE BOX)	2581 CALVANO DR			
	LAND O LAKES, FL 34639			
D. If amending the registered agent and/or registered offi- new registered agent and/or the new registered office a				
	idul css.			
Name of New Registered Agent:				
209 S CL	YDE AVE			
New Registered Office Address:	(Florida street address)			
KISSIMN	MEE FL Florida			
	(City) (Zip Code)			
New Registered Agent's Signature, if changing Registered	Agent:			
I hereby accept the appointment as registered agent. I am fa				
<u> </u>	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: XChange X Remove A Add	$\underline{V}$ Mil	n Doe te Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) X Change	D	SPENCER ROGERS	2581 CALVANO DR
Add			LAND O LAKES, FL 34639
Remove			·
2) X Change	D	ANGELA ROGERS	2581 CALVANO DR
Add			LAND O LAKES, FL 34639
Remove			
3) Change			
Add			
Remove			<del></del>
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional A attach additional sheets, if necessary,	). (Be spec	cific)					
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The date of each amendment(s) adoption:	, if other than the
late this document was signed.	
AUGUST 1, 2019 Effective date if applicable:	
(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	late will not be listed as the
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
The amendment(s) was/were adopted by the members and the number of votes cast for the amendr was/were sufficient for approval.	nent(s)
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/s adopted by the board of directors.	were
AUGUST 1. 2019 Dated	
Signature MC	
(By the chairman or vice chairman of the board, president or other officer-if dire have not been selected, by an incorporator – if in the hands of a receiver, trusted other court appointed fiduciary by that fiduciary)	ectors e, or
MARK CROSS EA	
(Typed or printed name of person signing)	
DIRECTOR	
(Title of person signing)	