## NI90006611

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	;#)
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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10/28/19--01025--023 ++52.50

19 OCT 28 AMIN: 47



Office Use Only

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NEW HEIGHTS CHRISTIAN CENTER NAME OF CORPORATION:

## DOCUMENT NUMBER: \_\_\_\_\_N1900006671

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

VERONICA B. CLARKE (Name of Contact Person)

(Firm/ Company)

(Address)

Clermont Florida 34711 (City/State and Zin Code)

Saulto Paul 1 @ yahoo. 6m E-mail address: (to be used for future andual report notification)

For further information concerning this matter, please call:

at (347) 320 - 2344(App Code) (Daytime Telephone Number) VERONICA CLARICE (Name of Contact Person)

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 & Certificate of Status Certified Copy (Additional copy is enclosed)

4\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)

19 OCT 28 MILL 1

Mailing Address 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 Ame	ndment		
م ا	to Articles of Incor	poration		
	of			
NEW HEIGHTS CH	RISTIAN	CENTE	R INC.	
( <u>Name of Corporation as</u>	currently filed w	ith the Florida	Dept. of State)	م چ <u>ہ</u>
N19000	3006671	,		34
(Document	Number of Corp	poration (if knowr	1)	/,
irsuant to the provisions of section 617.1006. Florida nendment(s) to its Articles of Incorporation:	Statutes, this Fld	orida Not For Pre	ofit Corporation adopts t	he following
. If amending name, enter the new name of the co	rporation:	J		
		NA		The new
ame must be distinguishable and contain the word "co	orporation" or "	incorporated" or	the abbreviation "Corp.	." or "Inc."
<u>Company" or "Co." may not be used in the name.</u>		. 1		
Enter new principal office address, if applicable:		14	<u>A</u>	
Principal office address <u>MUST BE A STREET ADD</u>	<u>RESS</u> )			
		<u> </u>	···· /·	
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	2)	N	А	
(muning units) MAT BEATOST OFFICE BO7	<u> </u>	I	<u>, , , , , , , , , , , , , , , , , , , </u>	
				<u> </u>
. If amending the registered agent and/or register	ed office address	s in Florida, ente	r the name of the	
new registered agent and/or the new registered of				
Name of New Registered Agent:	VERONI	CA BAR	BARA CLAR	
	3616 1	BRIAR R.	BARA CLAR DN DRIVE	
			street addressj	
<u>New Registered Office Address</u> :				
	CLEAM	ONT	Pitoriua	34711
	(City)		(Zip Code)	

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

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Signature of New Registered Agent, if changing

Page 1 of 4

## 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: <u>X</u> Change <u>X</u> Remove <u>X</u> Add	$\frac{PT}{V}$	<u>John Doc</u> <u>Mike Jones</u> <u>Sally Smith</u>		NA	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>			Address
1) Change Add Remove					
2) Change Add					
Remove					
Remove 4) Change Add					
Remove 5) Change Add					
Remove 6) Change Add					
Remove			Page 2 of 4		

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

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Page 3 of 4

The date of each amendment(s) adoption:	NA	, 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.

2019 10 Dated ste ev  $\gamma_{L}$ 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)

UERONICA CLARICE (Typed or printed name of person signing)

(Title of person signing)