N2000003472

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SECRETARY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: SECOND STREET C	CHURCH OF CHRIS	T INC	
DOCUMENT NUMBER: N20000003472			
The enclosed Articles of Amendment and fee are subn	nitted for filing.	•	
Please return all correspondence concerning this matte	r to the following:		
THOMAS JOHNSON			
	(Name of Contact Pe	rson)	
	(Firm/ Company)	
1633 SW 4TH STREET			
	(Address)		
OCALA, FL 34471			
	(City/ State and Zip (Code)	
E-mail address: (to be used	for future annual rep	ort notification)
For further information concerning this matter, please	call:		
THOMAS JOHNSON	at	352	390-7082
(Name of Contact Person)		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made page	yable to the Florida I	Department of S	State:
■ \$35 Filing Fee □\$43.75 Filing Fee & (Certificate of Status	□\$43.75 Filing Fee of Certified Copy (Additional copy is enclosed)	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing Address		eet Address	
Amendment Section Division of Corporations		endment Secti vision of Corpo	
P.O. Box 6327		e Centre of Ta	
Tallahassee, FL 32314			Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

SECOND STREET CHURCH OF CHRIST INC

(Name of Corporation as currently filed with the Flori	da Dept. of State)
N20000003472	
(Document No	umber of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Stanmendment(s) to its Articles of Incorporation:	atutes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpo	oration:
NOT APPLICABLE	
name must be distinguishable and contain the word "corp "Company" or "Co." may not be used in the name.	oration" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	NOT APPLICABLE
(Principal office address MUST BE A STREET ADDRE	ESS)
C. Enter new mailing address, if applicable:	NOT 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 offi-	
Name of New Registered Agent: NOT	APPLICABLE
	(Florida street address)
New Registered Office Address:	
	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registe	
I hereby accept the appointment as registered agent. I an	n familiar with and accept the obligations of the position.
	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	ne <u>s</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change Add	<u>T</u>	CHAPPELL, ROBERT	C/O 1633 SW 4TH STREET OCALA FLORIDA 34471
x Remove			NATTEAL, MARCUS
2) x Change Add	MIN	COLLEY, EDWIN	C/O 1633 SW 4TH STREET OCALA FLORIDA 34471
X Remove 3) Change Add Remove			NATTEAL, MARCUS
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee		cles, enter change(s) here: (Be specific)	

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		<u></u>
		
The date of each amendment(s) adopt date this document was signed.	ion: 15 FEBRUARY 2023	_, if other than the
Effective date if applicable: 15 FEBR	RUARY 2023	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block d document's effective date on the Departs	does not meet the applicable statutory filing requirements, this date will not be ment of State's records.	e listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted was/were sufficient for approval.	ed by the members and the number of votes cast for the amendment(s)	

лиорі	ed by the bo	pard of directors.
	Dated	15 FEBRUARY 2023
	Signature	Thomas tohnson
		(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)
		THOMAS JOHNSON
		THOMAS JOHNSON (Typed or printed name of person signing)

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