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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Homosassa Christian Followship
DOCUMENT NUMBER: <u>N 2000 000 9064</u>
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Charles C Woods (Name of Contact Person)
Homosassa Christian Faloriship Inc
5060 S Craig Pt. (Address)
Honrosassa, F1. 34446 (City/ State and Zip Code)
Woodchuckking 7a 9mcii - com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Charles C Woods at 352 - 613 - 7526 (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
Mailing Address Street Address

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 to Articles of Incorporation of

(Name of Corporation as currently filed with the Flori	da Dept. of State)	222
N200	00009064	
	umber of Corporation (if known)	
Pursuant to the provisions of section 617.1006. Florida Sta amendment(s) to its Articles of Incorporation:	atutes, this Florida Not For Prof	it Corporation adopts the following
A. If amending name, enter the new name of the corpo	oration:	
Calva	ry Chanel Hom	050550 TOC. The new
name must be distinguishable and contain the word "corp" "Company" or "Co." may not be used in the name.	oration" or "incorporated" or the	he abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	$\frac{n}{a}$	
Trincipal Office dulless Magazine A STREET ADDRESS		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi Name of New Registered Agent:		the name of the
	(Florida et	reet address)
New Registered Office Address:	(1 10 ma sir	eer aaaressy
	n/a	, Florida (Zip Code)
	\ = \ \(\cdot \)	,
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I am	red Agent: n familiar with and accept the ob	ligations of the position.
	n/a	
	Signature of New Registered As	gent, if changing

and address of each Of (Attach additional sheet, Please note the officer/d P = President; V= Vice	ficer and s, if necess irector tit President = Chief F	for Direct sary) le by the fi ; T= Trea inancial (or being added: irst letter of the office surer; S= Secretary; I Officer. If an officer/d	title: D= Director; TR= Trus	director being removed and title, name, stee; C = Chairman or Clerk; CEO = Chief in one title, list the first letter of each office
	ives the c	orporatio	ı, Sally Smith is named		ST and Mike Jones is listed as the V. There is ould be noted as John Doe, PT as a Change,
Example: X Change X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Do Mike Jo Sally Sn	nes		
Type of Action (Check One)	Title		<u>Name</u>		<u>Addres</u> s
1) 14 Change Add		_			
2) Pemove Add		_			
Remove 3) Add Remove		_			
4) Add Change		_			
Remove 5) DOChange Add		_	<u> </u>		
Remove 6) /1 / Change Add		_			
Remove	na additi	onal Artic	vlac antar changa(s).	naro.	
E. If amending or addi (attach additional she			(Be specific)		
					

			
			
			
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The state of the second section and obtains			if other than the
date this document was signed.		·	it other than the
date and document was signed.			
Effective date <u>if applicable</u> :	o more than 90 days after amendment file date)	_	
(ne	o more than 90 days after amendment file date)		
Note: If the date inserted in this block does to document's effective date on the Department	not meet the applicable statutory filing requiremen of State's records.	ts. this date will not be	listed as the
Adoption of Amendment(s)	CHECK ONE)		
☐ The amendment(s) was/were adopted by was/were sufficient for approval.	the members and the number of votes cast for the	amendment(s)	

Dated7 - 19 - 22
Signature Warles O. Words
(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)
Charles C Woods
(Typed or printed name of person signing)
President
(Title of person signing)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

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