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## **COVER LETTER**

TO: Amendment Section **Division of Corporations** 

NAME OF CORPORATION: YUKon Baptist Church, Inc.	
DOCUMENT NUMBER: N 20000012148	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
(Name of Contact Person)	
(Firm/Company)	
5130 Holland Rd. Hiddleburg, FL. 32068 (Address)	
(City/ State and Zip Code)	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
(Area Code) (Daytime Telephone Number	 er)
Enclosed is a check for the following amount made payable to the Florida Department of State:	
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status  Certificate of Status  (Additional copy is enclosed)  ☐ \$52.50 Filing Fee & Certificate of Status  (Additional copy is Enclosed)	
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	ida Dept. of State)
Vika Basting Chi	ab to
Yukan Baptist Chur	umber of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Stamendment(s) to its Articles of Incorporation:	tatutes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corp	oration:
Thunder Rond Bayt, st name must be distinguishable and contain the word "corp "Company" or "Co." may not be used in the name.	Church, Inc. The new poration "or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	3860 State Boad 1/2
Principal office address <u>MUST BE A STREET ADDI</u>	ESS)  Green Cove Springs, Fr. 32043
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PC BOX 151
	PO BOX 151 Middleburg, FL. 37050
D. If amending the registered agent and/or registered new registered agent and/or the new registered off	
Name of New Registered Agent:	N/A
<u>New Registered Office Address:</u>	(Florida street address)
	Florida
	(City) , Florida (Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I at	ered Agent: m familiar with and accept the obligations of the position.
	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
	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 I V Mike SV Sally	<u>Jones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	_}_	Daniel Hill	Jackboonile, FL 32210
X_ Remove			
2) Change Add	TR	Patrick G. bbons Hedna	41/4 3820 Woodmere a
Remove 3) X Change Add Remove	TX, I	Mark Thomas Stevens	4090 Buena Vila Ave
4) X Change Add	(P) 45 de -	Nichalas Cory Mudanald	5130 Hallard Rd Hiddlehneig Fe 32018
Remove			
5) Change Add			
Remove			
Kemove			
6) Change Add		· · · · · · · · · · · · · · · · · · ·	
Remove			
	dding additional Ar sheets, if necessary).	ticles, enter change(s) here: (Be specific)	
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X .	
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The date of each amendment(s) adoption: $\geq / \geq \beta / \geq 1$ date this document was signed.	, if other than the
Effective date if applicable:  (no more than 90 days after amendment tile date)	
(no more man 20 days after amenament file actes)	
<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records.	e listed as the
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 $\frac{3/5/21}{}$
(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)
(Title of person signing)