

N21000000 1032

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

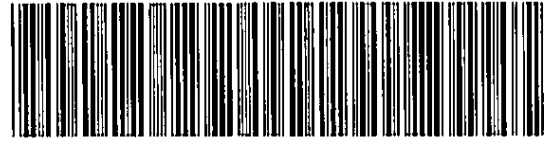
(Business Entity Name)

(Document Number)

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21 AUG 11 PM 1:48

J DENNIS

AUG 23 2021

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: LIVING FAITH CHRISTIAN CENTER OF POLK COUNTY, INC.

DOCUMENT NUMBER: N21000001032

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

Please return all correspondence concerning this matter to the following:

PETRINA E. MCCUTCHEN

(Name of Contact Person)

LIVING FAITH CHRISTIAN CENTER OF POLK COUNTY, INC.

(Firm/ Company)

100 SE DR MARTIN LUTHER KING, JR. ST.

(Address)

FORT MEADE, FL 33841

(City/ State and Zip Code)

pemccutchen@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PETRINA E. MCCUTCHEN

863

797-6327

at

(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:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy is
Enclosed) |
|---|--|---|--|

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee

Articles of Amendment
to
Articles of Incorporation
of

LIVING FAITH CHRISTIAN CENTER OF POLK COUNTY, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

N21000001032

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if 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 office address:

Name of New Registered Agent:

New Registered Office Address:

(Florida street address)

(City)

, Florida

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

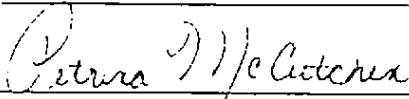
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

21 AUG 11 PM 1:43

☐ 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 AUGUST 9, 2021

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)

PETRINA E. MCCUTCHEN

(Typed or printed name of person signing)

VICE PRESIDENT

(Title of person signing)