

N21000014118

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

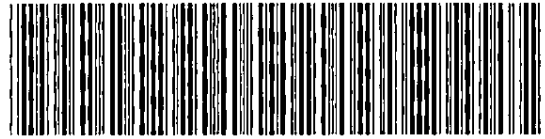
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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ML



All Souls

September 12, 2023

Florida Department of State
Amendment Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Articles of Amendment – All Souls Episcopal Church of Horizon West, Inc.

Dear Sir or Madam,

Please find enclosed Articles of Amendment for All Souls Episcopal Church of Horizon West, Inc., ref number N21000014118, to change the Secretary and Treasurer for the corporation. Please also find enclosed a second copy of said Articles for receipt of a certified copy, together with a check in the amount of \$43.75 for processing fees.

Please do not hesitate to contact me if additional information is required. Thank you for your assistance in this matter.

With sincere thanks,

Matthew Ainsley

Fr. Matthew Ainsley
All Souls Episcopal Church of Horizon West, Inc.
14422 Shoreside Way
Suite 110, #322
Winter Garden, FL 34787
Frmatt@allsoulsfl.org
407-257-3426

SEP 14 11 11 AM '23
STATE

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: All Souls Episcopal Church of horizon West, Inc. _____

DOCUMENT NUMBER: N21000014118 _____

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

Please return all correspondence concerning this matter to the following:

Father Matthew B. Ainsley

(Name of Contact Person)

All Souls Episcopal Church of Horizon West, Inc.

(Firm/ Company)

14422 Shoreside Way, Suite 110, #322

(Address)

Winter Garden, FL 34787

(City/ State and Zip Code)

frnatt@allsouls1.org

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

For further information concerning this matter, please call:

Karin Taggart at 321 287-8960

(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
- \$43.75 Filing Fee & Certificate of Status
- \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
- \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

09/29/14
 14:11:41
 RECEIVED

Articles of Amendment
to
Articles of Incorporation
of

All Souls Episcopal Church of Horizon West, Inc.

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

N21000014118

(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:

N/A

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

N/A

(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: N/A

(Florida street address)

New Registered Office 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.

Signature of New Registered Agent, if changing

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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:

| | | |
|--|-----------|--------------------|
| <input checked="" type="checkbox"/> Change | <u>PT</u> | <u>John Doe</u> |
| <input checked="" type="checkbox"/> Remove | <u>V</u> | <u>Mike Jones</u> |
| <input checked="" type="checkbox"/> Add | <u>SV</u> | <u>Sally Smith</u> |

| <u>Type of Action</u> (Check One) | <u>Title</u> | <u>Name</u> | <u>Address</u> |
|--|--------------|-----------------------|---|
| 1) <input type="checkbox"/> Change <input type="checkbox"/> Add | <u>T</u> | <u>Brian Taggart</u> | <u>8569 Lookout Pointe Drive</u> <u>Windermere, FL 34786</u> |
| <input type="checkbox"/> Remove | | | |
| 2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add | <u>S</u> | <u>Amv McClintock</u> | <u>1527 Dess Drive</u> <u>Orlando, FL 32818</u> |
| <input type="checkbox"/> Remove | | | |
| 3) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove | <u>T</u> | <u>Lisa Acharekar</u> | <u>4817 Palm Tree Court</u> <u>Windermere, FL 34786</u> |
| 4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| 5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| 6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |

9/28/14
 14:14
 STATE

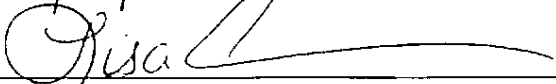
E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

N/A

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 9/12/23

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)

Lisa Acharekar
(Typed or printed name of person signing)

Treasurer
(Title of person signing)

999 SEP 14 PM 1:41
DATE