N22000004637

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





700415203167

09/08/23--01012--008 **35.00

m

COVER LETTER

Division of Corporations NAME OF CORPORATION: The Way Church SRQ, Inc. N2200004637 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Josh Pove (Marne of Contact Person) The Way Church SRQ, Inc 1 Live Oak Prive (Address) Sarasota, FL 34232 (City/ State and Zip Code) josh@ theway sog. com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Josh Powell at 865 228-9892 (Area Code) (Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: □\$52.50 Filing Fee ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & Certified Copy Certificate of Status Certificate of Status Certified Copy (Additional copy is (Additional Copy is enclosed) Enclosed)

Mailing Address

TO: Amendment Section

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

Articles of Amendment to Articles of Incorporation of

Name of Corporation as currently filed with the Fl	<u>lorida Dept.</u>	of State)			
(Document	t Number of	Corporation	(if known)		
Pursuant to the provisions of section 617,1006, Florida amendment(s) to its Articles of Incorporation:	a Statutes, th	is <i>Florida N</i>	ot For Profit Corp	ooration adopts	the following
A. If amending name, enter the new name of the co	orporation:				
name must be distinguishable and contain the word "c "Company" or "Co." may not be used in the name.	corporation`	or "incorpo	orated" or the abbi	reviation "Corp	The new ." or "Inc."
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADI	<u>e:</u> DRESS)				-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u> </u>				
D. If amending the registered agent and/or registe new registered agent and/or the new registered	ered office addr	ddress in Flo	orida, enter the na	ame of the	123 Sc.
Name of New Registered Agent:					d
New Registered Office Address:			(Fiorula street add	lressi	- <u>- </u>
-		City)		Florida (Zip Code)	<u>ਾ</u>
New Registered Agent's Signature, if changing Registereby accept the appointment as registered agent.	gistered Age I am familia	ent: ar with and a	accept the obligation	ons of the position	

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 D V Mike John S SV Sally S	ones	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change Add	I	Ellsworth, John D	171 Honore Au Samsota, PL 34232
Remove 2) Change Add	<u>S</u>	Keim, Deborah A.	2612 Huntington Ave Sanisora, FL 34232
Remove 3) Remove Add Remove			7 7 6
4) Change Add			
Remove			
Add Remove			
6) Change Add			
Remove			
E. If amending or additional sheet		ticles, enter change(s) here: (Be specific)	

:	
	4,640-6-
	, <u>.</u>
	- 41
	~>
	1823 S
	2623 SE
	•
	:
	÷~-
	-
	#1 9: 02
	• •
@/i/22	
The date of each amendment(s) adoption: 9/1/23	if other than the
date this document was signed.	
Effective date if applicable: 9/1/23	
(no more than 90 days after amendment file da	te)

<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 9/4/23
Signature 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)
Josh Povell
(Typed or printed name of person signing)
President

(Title of person signing)