N22000012951

(Requestor's Name)
(Address)
(Addiess)
(Address)
(City/State/Zip/Phone #)
(Oity/State/Zip/Filone *)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Certificates of Status
Special Instructions to Filing Officer.
The state of the

Office Use Only



800436196518

09/12/24- 01017--018 **85.00

2024 SEP 12 PM 5: AS SECRETARY OF STATE

M

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: Crossroad Bible F	Fellowship, Inc.			
DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee are s	ubmitted for filing.			
Please return all correspondence concerning this m	atter to the following:			
David Kyrk				
	(Name of Contact P	erson)		
Crossroad Bible Fellowship, Inc.				
	(Firm/ Compan	у)		
1348 W Skyview Crossing Drive				
	(Address)		<u> </u>	
Hernando, Florida 34442	_			7. VIII.
	(City/ State and Zip	Code)		E
davidkkyrk@gmail.com				一套
E-mail address: (to be u	sed for future annual re	port notification	n)	2.0
For further information concerning this matter, ple	ase call:			# 17 E
Michael O'Donnell	ลเ	475	228-3736	;n
(Name of Contact Pers		(Area Code)	(Daytime Telepho	one Number)
Enclosed is a check for the following amount made	e payable to the Florida	Department of	State:	
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Statu		Certif is Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Ai Di	reet Address mendment Sect ivision of Corpo he Centre of T	orations	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

a Dept. of State)	
ia Dept. of State)	
mber of Cornoration (if known)	
•	
tutes, this Florida Not For Profit Corporation adopts	the following
*io	
1311011.	
pration" or "incorporated" or the abbreviation "Corr	The new
ranon or incorporated or the anorevation Corp	n or me.
N/A	
<u>55</u>)	
	
3057 N Reba Path	
Hernando, Florida 34442	
	23
office address in Florida, enter the name of the	
e aggress:	美国
	<u> </u>
	<u> </u>
(Florida street address)	77 7
1 φ	
177 Florida	
	nber of Corporation (if known) utes, this Florida Not For Profit Corporation adopts ration: ration" or "incorporated" or the abbreviation "Corporation" N/A SS) 3057 N Reba Path Hernando, Florida 34442

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 D V Mike Jo SV Sally S	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	<u>D</u>	Myron Wambold	5176 N Evanston Terrace Hernando, Florida 34442
 X Remove 2) Change Add 			2024 5:EC
Remove 3) Change Add Remove			SEF 12
4) Change Add			
Remove 5) Change Add			רה
Remove 6) Change Add			
E. If amending or additional sheet		icles, enter change(s) here: (Be specific)	
N/A			

was/were sufficient for approval.

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) David Kyrk	
(Typed or printed name of person signing)	
Director	
(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.

SECRETARY OF STATE