N24000011153



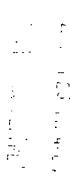
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	urch Inc		
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are subn	nitted for filing.		
Please return all correspondence concerning this matte	r to the following:		
Joshua Conklin			
	(Name of Contact Pers	on)	-
New Business Filing LLC			
	(Firm/ Company)		
8170 Washington Village Drive			
•	(Address)		
Dayton Ohio 45458			
	(City/ State and Zip Co	ode)	
orders@newbusinessfiling.org			
E-mail address: (to be used	for future annual repor	rt notification)
For further information concerning this matter, please	call:		
Joshua Conklin	8 at	88	701-6450
(Name of Contact Person)	(2	Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida De	partment of	State:
■ \$35 Filing Fee □S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314	Ame Divis The	et Address indment Section of Corpo Centre of To N. Monroc	rations

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

St Paus Episcopal Church Inc				
(Name of Corporation as currently filed with the Flo	orida Dept. of State)			
N24000011153				
(Document Number of Corporation (if known)				
Pursuant to the provisions of section 617,1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this <i>Florida Not Fo</i>	or Profit Corporation adopts the following		
A. If amending name, enter the new name of the cor	<u>poration:</u>			
St Pauls Episcopal Church Inc		The new		
name must be distinguishable and contain the word "co "Company" or "Co," may not be used in the name.	orporation" or "incorporated	I" or the abbreviation "Corp," or "Inc."		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDI	RESS)			
	·	-		
C. Enter new mailing address, if applicable:	7 1			
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>			
		<u> </u>		
		- t		
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	ed office address in Florida ffice address:	enter the name of the		
Name of New Registered Agent:	<u>-</u>			
		lorida street address)		
New Registered Office Address:				
		, Florida		
	(City)	(Zip Code)		
New Registered Agent's Signature, if changing Registereby accept the appointment as registered agent. I	stered Agent: am familiar with and accept	the obligations of the position.		
	Signature of New Regist	tered 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 Do V Mike Jo SV Sally Sn	<u>nes</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add	<u>VP</u>	SUSANNE DRISCOLL	124 COMMERCIAL AVENUE Hastings FL 32145
Remove 2) Change Add	<u>VP</u>	Saliy Johson	8350 CR 13 S Hastings FL 32145
Remove Change Add Remove			
4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add			
E. If amending or addin (attach additional shee		cles, enter change(s) here: (Be specific)	

				_	
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		. 		····	
			 		
			_		
					
					
The date of each amendment(s) adoption: date this document was signed.	September 23rd 20	24		 -	, if other than the
Effective date if applicable:					
r. rective date <u>n_appresante</u> :	o more than 90 days	after amendmen	nt file date)		
Note: If the date inserted in this block does a document's effective date on the Department	not meet the applica				be listed as the

(CHECK ONE)

■ The amendment(s) was/were adopted by the members and the number of votes east for the amendment(s)

Adoption of Amendment(s)

was/were sufficient for approval.

Dated	09/23/2024
	Sally Johnson
2.5	(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)
	Sally Johnson
	(Typed or printed name of person signing)
	Vice President