

N25098

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

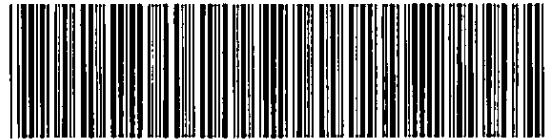
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100360278441

name change
amend

03/08/21--01048--017 **35.00

FILED
2021 MAY 28 AM 9:53

JUN 1 2021
A RAMSEY

*00789,02544 00707 04135,00672



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 20, 2021

ROBIN S. SWITZER
HOPE EPISCOPAL CHURCH
190 INTERLACHEN ROAD
MELBOURNE, FL 32940-1979

SUBJECT: HOPE EPISCOPAL CHURCH INC.
Ref. Number: N25098

We have received your document for HOPE EPISCOPAL CHURCH INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is 723425.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6907.

Annette Ramsey
OPS

Letter Number: 621A00010749

2021 MAY 28 PM 12:01

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Hope Episcopal Church Inc.

DOCUMENT NUMBER: N 25098

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

Please return all correspondence concerning this matter to the following:

Robin S. Switzer

(Name of Contact Person)

Hope Episcopal Church

(Firm/ Company)

190 Interlachen Road

(Address)

Melbourne Florida 32940-1979

(City/ State and Zip Code)

hopefinance@hopeepiscopalchurch.org.

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

For further information concerning this matter, please call:

Cynthia P. Brust

(Name of Contact Person)

at 321-423-6223.

(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)

for Name Change

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

Articles of Amendment
to
Articles of Incorporation
of

Hope Episcopal Church, Inc.

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

N 25098

(Document Number of Corporation (if known))

FILED
2021 MAY 28 AM 9:53

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:

✓ Christ Episcopal Church, of Suntree-Viera Inc. ^{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)

same address

190 Interlachen Road
Melbourne, FL 32940

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:

(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

☒ 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

March 3, 2021.

Remailed date
May 27, 2021.

Signature

Cynthia P. Brust

(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)

Cynthia P. Brust

(Typed or printed name of person signing)

Rector

(Title of person signing)