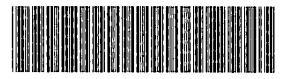
## N26250

(Requestor's Name)	
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: The Rock Community Church and Transforma
DOCUMENT NUMBER:N26250
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Olga M. Monlux
(Name of Contact Person)
The Rock Church and Recovery Program, Inc.
1 2/
4224 28th St. N., (Address)
(Address)
St, Petersburg, F1 33714 (City/ State and Zip Code)
(City/ State and Zip Code)
Lance Olas 12 on vahor, com
Lance Olga 12 @ yahoo. com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Olga Monlux at 727-420-7166 (Name of Contact Person) (Area Code) (Daytime Telephone Number)
(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
Mailing Address Amendment Section  Street Address Amendment Section
Division of Corporations Division of Corporations
P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

of the state of th
The Rock Community Church and Transformation Center, Inc.  (Name of Corporation as currently filed with the Florida Dept. of State)  Of FILED  (Name of Corporation as currently filed with the Florida Dept. of State)
(Name of Corporation as currently filed with the Florida Dept. of State)
N 26250  SECRETALLY OF STATE  (Document Number of Corporation (if known) TALLAHASSEE, FL
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
The Rock Church and Recovery Program Inc.  The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc."
name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." <u>"Company" or "Co." may not be used in the name.</u>
<del></del>
B. Enter new principal office address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)
· · · · · · · · · · · · · · · · · · ·
C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)  n/a
<u> </u>
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: h/a
(Florida street address)
New Registered Office Address:
n/a Florida
(City) (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

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	<u>PT</u> <u>V</u> <u>SV</u>	John Do Mike Jo Sally Sr	nes	
Type of Action (Check One)	Title		Name	Address
1) Change Add		_		
Remove				
2) Change Add		<del>-</del>		
Remove 3) Remove Add Remove		-		
4) Change Add		_		
Remove  5) Change Add		_		
Remove				
6) Change Add		-		
Remove				
E. If amending or addin (attach additional shee			cles, enter change(s) here: (Be specific)	

Iffective date if applicable:  (no more than 90 days after amendment)	file date)
The date of each amendment(s) adoption:late this document was signed.	, if other than the
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ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the cument's effective date on the Department of State's records.

loption 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.

	•	•				
Ø	There are no membadopted by the boa		d to vote on the amendme	ent(s). T	he amendment(s)	was/were

Pasident Director

Dated

4-27-22

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)

Robert Cennedy
(Typed or printed name of person signing)

(Title of person signing)