N 28997

(Requestor's Name)
(Address)
(Address)
((ddiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(,,
0.45.10
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
_
İ

Office Use Only



700335941057

10/28/19--01022--021 *+35.00

Anund

NOV 25 2019 I ALBRITTON

COVER LETTER

F! IN

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: HILLCREST BAPTIST Church of MASCOTTE,
DOCUMENT NUMBER: N 28997
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
HOWArd J. ROSZAK (Name of Contact Person)
Hillcrest BAPTIST Church (Firm/Company)
45750 LAKE St. (Address)
PAIS ley, Fl. 32767 (City/ State and Zip Code)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Linda Rojas at 352-267-2832 (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:
S35 Filing Fee U\$43.75 Filing Fee & U\$43.75 Filing Fee & Certificate of Status Certified Copy (Additional copy is enclosed) S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

Articles of Amendment

to

Articles of Incorporation of

HillCrest BADtist Ch.	uch of M	lascotte Fl.	INC
(Name of Corporation as current	ty filed with the Florida	1 Dept. of State	
N 28997			<u>.</u>
(Document Number	er of Corporation (if know	m)	
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	s, this <i>Florida Not For P</i>	Profit Corporation adopts the	e following
A. If amending name, enter the new name of the corporati	on:		
	<u>. </u>	· · · · · · · · · · · · · · · · · · ·	The new
name must be distinguishable and contain the word "corporat "Company" or "Co." may not be used in the name.	ion" or "incorporated" (or the abbreviation "Corp."	or "Inc."
Company or Co. may not be used in the name.	. 1/2		
B. Enter new principal office address, if applicable:	<i>N/t</i> }		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	,		
			
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 new registered agent and/or the new registered office a		iter the name of the	
new registered agent undoor the new registered office	// 1		122
Name of New Registered Agent:	<i>H/</i> -/		- 32 -
	·		
	(Flori	ida street address)	
New Registered Office Address:			
		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am factorists	Agent: miliar with and accept th	e obligations of the position	
	ignature of New Register	ed 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>V</u> <u>Mike</u>	Doe e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	<u>VP</u>	Adel Ramirez	P.O.Box 98 MASCAHE Fl.
X Remove			34753
2) Change Add	<u>T/S</u>	Linda Rojas	Probay 98 MASLAHE Fl.
X Remove			34753
3) Change			
Add			
Remove			
4) Change			
Add Remove			
5) Change			
Add			
Remove			
6) Change	***		
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)							
(anach additional sneets, if necessary).	, I A						
	NIA						
/#####							
<u> </u>							
							
,							

The date of each amendment(s) adoption:date this document was signed.	OC+, 25, 0	2019	, if other than the
Effective date if applicable:			
(no more	e than 90 days after amendment	t file date)	
Note: If the date inserted in this block does not me document's effective date on the Department of Sta		; requirements, this date	will not be listed as the
Adoption of Amendment(s) (CHEC	CK ONE)		
☐ The amendment(s) was/were adopted by the m was/were sufficient for approval.	nembers and the number of votes	s cast for the amendmen	nt(s)
There are no members or members entitled to adopted by the board of directors.	vote on the amendment(s). The	: amendment(s) was/wer	°e
Dated $OC + 25, 2$	019		
Signature			
(By the chairman or vice ch	nairman of the board, president of	or other officer-if directo	ors
	an incorporator – if in the hands	s of a receiver, trustee, ()r
other court appointed fiduo	ciary by that nouclary)		
Linda	(Typed or printed name of pers	<u> </u>	
	(Typed or printed name of pers	on signing)	
	T/S		<u> </u>
 -	(Title of person sign	ning)	