## N32057

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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:  St. James Uni	ited Methodist Church at Tampa Palms, Inc
N32057	
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee a	are submitted for filing.
Please return all correspondence concerning th	is matter to the following:
Teresa Bales	
	(Name of Contact Person)
St. James United Methodist Church	
	(Firm/ Company)
16202 Bruce B Downs Blvd	
	(Address)
Tampa, FL 33647	
	(City/ State and Zip Code)
teresa.bales@stjamestampa.org	
E-mail address: (to t	be used for future annual report notification)
For further information concerning this matter.	please call:
Teresa Bales	813.971.4790
(Name of Contact I	Person) at (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount m	nade payable to the Florida Department of State:
■ \$35 Filing Fee □ \$43.75 Filing Fee Certificate of \$1	ce & □\$43.75 Filing Fee & □\$52.50 Filing Fee tatus
Mailing Address Amendment Section	Street Address Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

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2021 OCT 21 PM 3: 59 St. James United Methodist Church at Tampa Palms, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) SECRETARY OF STATE N32057 (Document Number of Corporation (if known) 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: 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) 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: , Florida 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	PT         John De           V         Mike John Selven Sally Selven Sally Selven	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add	<u>V</u>	Simmons, Percil	16202 Bruce B Downs Blvd Tampa, FL 33647
xx Remove			
2) Change Add	<u>V</u>	Fabreo, Victoria	16202 Bruce B Downs Blvd Tampa; FL 33647
xx Remove 3) Change — Add — Remove	<u>D</u>	Loo, Chellie	16202 Bruce B Downs Blvd Tampa, FL 33647
4) Change Add	D	Schrader, Rebecca	16202 Bruce B Downs Blvd Tampa, FL 33647
Remove  5) Change Add	<u>s</u>	Langford, Ava M	16202 Bruce B Downs Blvd Tampa, FL 33647
xx         Remove           6)         Change           xx         Add           Remove	<u>s</u>	Brosch, Barbara	16202 Bruce B Downs Blvd Tampa, FL 33647
E. If amending or additional she		i <u>cles, enter change(s) here</u> : (Be specific)	
	<u></u>		

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The date of each amendment(s) adoption:date this document was signed.		, if other than the
Effective date <u>if applicable</u> :		
(no more	than 90 days after amendment file da	te)
Note: If the date inserted in this block does not med document's effective date on the Department of Sta	et the applicable statutory filing requir te's records.	rements, this date will not be listed as the

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

(CHECK ONE)

Adoption of Amendment(s)

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 10/05/2021
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)
Bev. An Thony B. Fotsch (Typed or printed name of person signing)
Registered Agent (Title of pason signing)