## N38268

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

urch of Christ of St. Augu	stine, Inc.		<u></u>
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submitted for filing.			
natter to the following:			
(Name of Contact Pers	on)	,	···
(Firm/ Company)			
(c 23p),			
(Address)			
(City/ State and Zip Co	de)		
used for future annual repor	t notificatio	п)	
ease call:			
	86	283-4896	
	Area Code)	(Daytime Telephon	e Number)
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	(Name of Contact Pers  (Name of Contact Pers  (Firm/ Company)  (Address)  (City/ State and Zip Coused for future annual reporters case call:  at a	(Name of Contact Person)  (Firm/ Company)  (Address)  (City/ State and Zip Code)  used for future annual report notification case call:  at 386 at (Area Code)  te payable to the Florida Department of the case call:  (Additional copy is certical contact of the call conta	submitted for filing.  (Name of Contact Person)  (Firm/ Company)  (Address)  (City/ State and Zip Code)  used for future annual report notification) case call:  386 283-4896 at (Area Code) (Daytime Telephon e payable to the Florida Department of State: 2 \$ \$ \$43.75 Filing Fee \$ \$ \$52.50 Filing Fee tus Certified Copy (Additional copy is enclosed) (Additional Copy is Enclosed)

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

The United Church of Christ of St. Augustine, Inc.

N38268		Dept. of State)
	t Number of Corporation (if know	vn)
fursuant to the provisions of section 617,1006, Florida mendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For P	rofit Corporation adopts the following
. If amending name, enter the new name of the co	rporation:	
he United Church UCC/DOC, Inc.		The new
ame must be distinguishable and contain the word "c Company" or "Co." may not be used in the name.	orporation" or "incorporated" o	
B. Enter new principal office address, if applicable:	N/A	
Principal office address <u>MUST BE A STREET ADD</u>	RESS )	
	Market State of the State of th	7
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	X) N/A	
	<del>-</del>	
	<del></del>	
		<u> </u>
D. If amending the registered agent and/or register		ter the name of the
new registered agent and/or the new registered of	office address:	
Name of New Registered Agent:	Α	
N/A	A	
		la street address)
	(Florid	a siree man i.c.
New Registered Office Address:	(Floric	a sir cer uaure.xy
New Registered Office Address:	(Floric	, Florida

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.

X Change X Remove X Add	<u>V</u> <u>Mil</u>	n <u>Doe</u> se Jones ly Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	Asst. T	Turk, Jo R.	<del></del>
X Remove			
2) Change	<u>s</u>	Kunst, Lissette	
Add X Remove			
3) Change	S	Johnson, Judy	P.O. Box 860187
X Add	<del></del>	· ·	St. Augustine
Remove			FL 32086
4) Change	Asst. T	Simpson, Tom	P.O. Box 860186
X Add			St. Augustine
Remove			FL 32086
5) Change	<del></del>	<del></del>	
Add			
Remove			
6) Change		<del></del>	
Add			
Remove			

E. If amending or adding additional Art (attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
N/A	
	·
<u> </u>	
AND THE RESERVE TO A SECOND SE	

N/A	
The date of each amendment(s) adoption:	, if other than the
Effective date <u>if applicable</u> :	
(no more than 90 days after o	imendment file date)
Note: If the date inserted in this block does not meet the applicable state document's effective date on the Department of State's records.	atory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the members and the numbers was/were sufficient for approval.	per of votes east for the amendment(s)
There are no members or members entitled to vote on the amendme adopted by the board of directors.	ent(s). The amendment(s) was/were
Dated March 17, 2019	
Signature	
(By the chairman or vice chairman of the board, have not been selected, by an incorporator – if i other court appointed fiduciary by that fiduciary	n the hands of a receiver, trustee, or
Ron Smith	
(Typed or printed na	me of person signing)
Vice President	
(Title of	person signing)