11398107

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2018 NOV 21 PH 4: 17 SECRETARY OF STATE



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION		GATION OF JEHOVA	AH'S WITNI	ESSESA NON PROFIT CORPO
DOCUMENT NUMBER:	N39867			
The enclosed Articles of Am		utted for filing.		
Please return all corresponde				
Stanley Bart Cothran				
·	-	(Name of Contact Pers	son)	
		(Firm/ Company)	<u>-</u>	
230 Lucerne Drive				
		(Address)		
Debary Florida 32713				
	ı	(City/ State and Zip Co	ode)	
bartillary@yahoo.com				
E	-mail address: (to be used	for future annual repo	rt notification	n)
For further information conc	erning this matter, please of	call:		
Stanley Bart Cothran			107 	443-x7833
	(Name of Contact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the fo	ollowing amount made pay	yable to the Florida De	epartment of	State:
□ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Address Amendment Section		· · · · · · · · · · · · · · · · · · ·	et Address endment Sect	ion

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

FILED

2018 NOV 21 PM 4: 17

DEBARY CONGREGATION OF JEHOVAH'S		<u>94.01(51_0000000</u>
N39867	as currently filed with the Florida	Dept. of orate MASSEE, FL
(Docu	ment Number of Corporation (if know	n)
Pursuant to the provisions of section 617,1006, Floamendment(s) to its Articles of Incorporation:	orida Statutes, this <i>Florida Not For Pi</i>	cofit Corporation adopts the following
A. If amending name, enter the new name of th	e corporation:	
		The new
name must be distinguishable and contain the wor "Company" or "Co." may not be used in the nam		r the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if application	able:	
(Principal office address <u>MUST BE A STREET</u>)		
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u>BOX</u>)	
		
		-
D. If amending the registered agent and/or reginew registered agent and/or the new registered.		er the name of the
	STANLEY BART COTHRAN	
Name of New Registered Agent:	- DANGE OF BARE	
	230 LUCERNE DRIVE	
New Registered Office Address	·	street address)
the state of the s	DEBARY	32713
	(City)	, Florida
	•	(zap Couc)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen		obligations of the position.
	5 Bit Cole	
•	Signature of New Registeres	d Agant 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 Doe Mike Jones Sally Smith				
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s		
1) Change		_				
Add						
Remove						
2) Change		<u></u>				
Add						
Remove						
3) Change						
Add						
Remove						
4) Change		 -				
Add						
Remove						
5) Change		_				
Add						
Remove						
6) Change		_				
Add						
Remove						

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The date of each amendment(s) adoption: ////3/20/8 date this document was signed.	_, if other than the
Effective date if applicable: (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records.	pe listed as the
Adoption 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.	
☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
Signature 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) Solution (Typed or printed name of person signing)	_
(Title of person signing)	