N44016

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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	ER UNITED METHOD	IST CHURC	CH, INC	D
DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee				
Please return all correspondence concerning th	nis matter to the following	ng:		
BILL MARTI				
	(Name of Conta	ict Person)	,_ .	
EDGEWATER METHODIST CHURCH				
	(Firm/ Con	ipany)		
19190 COCHRAN BLVD				
	(Addres	ss)		
PORT CHARLOTTE, FL 33948				
	(City/ State and	Zip Code)		
BILL@EDGEWATERCHURCH.COM				
E-mail address: (to	be used for future annua	l report notif	lication)
For further information concerning this matter,	please call:			
BILL MARTI		941 _ at		625-3039
(Name of Contact	Person)	(Area C	Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount n	nade payable to the Flor	ida Departm	ent of S	State:
□ \$35 Filing Fee □ \$43.75 Filing F Certificate of \$		y py is	Certific Certific	Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Add Amendmen Division of The Centro	t Section	rations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

EDGEWATER UNITED METHODIST CHURCH, INC.

(Name of Corporation as currently filed with the	ne Florida Dept. of State)	
N44016		
(Docu	ment Number of Corporation (if	known)
Pursuant to the provisions of section 617.1006, Floamendment(s) to its Articles of Incorporation:	orida Statutes, this Florida Not	For Profit Corporation adopts the following
A. If amending name, enter the new name of th	e corporation:	
EDGEWATER METHODIST CHURCH, INC.		The new
name must he distinguishable and contain the word "Company" or "Co." may not be used in the nam	d "corporation" or "incorporat e.	ed" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if application	nble:	
(Principal office address MUST BE A STREET)	IDDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX) N/A	
		
		-
D. If amending the registered agent and/or reginew registered agent and/or the new register	stered office address in Florid	a, enter the name of the
new registered agent and/or the new register		
Name of New Registered Agent:	THOMAS BALLARD	
	2646 PEBBLE AVE	
New Registered Office Address:	(I	lorida street address)
	NORTH PORT	34286
	(City)	Florida
Same Provide and the second	• • •	(Σιρ Coue)
New Registered Agent's Signature, if changing Research hereby accept the appointment as registered agent	Registered Agent: I. I am familiar with and accep	t the obligations of the position.
_	Signature of New Regis	tered 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 D V Mike J SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	<u>LAY LE</u>	JOHN DELANEY	2296 MINCEY TERRACE NOREH PORT, FL 34286
x Remove			
2) Change Add	CHAIRI	CAROL HANSEN	18410 DIGGERS AVE PORT CHARKOTTE, FL 33948
Remove 3) Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee.	g additional Arti ts, if necessary).	cles, enter change(s) here: (Be specific)	
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The date of each amendment(s) adoption date this document was signed.	otion: FEBRUARY	19, 2023			, if other than the
Effective date <u>if applicable</u> :					
· · · · · · · · · · · · · · · · · · ·	(no more than 9t	0 davs after amena	lment file date)		
Note: If the date inserted in this block document's effective date on the Depart	does not meet the ar	onlicable statutory		ts, this date will not	be listed as the
Adoption of Amendment(s)	(CHECK ONE	<u>)</u>			

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

Signature (By the chairman or vice chairman of the board, president or other officer-if direct have not been selected, by an incorporator – if in the hands of a receiver, trustee, other court appointed fiduciary by that fiduciary) THOMAS BALLARD (Typed or printed name of person signing)	Dated	FEBRUARY 22, 2023
(By the chairman or vice chairman of the board, president or other officer-if direct have not been selected, by an incorporator – if in the hands of a receiver, trustee, other court appointed fiduciary by that fiduciary) THOMAS BALLARD		7/073
have not been selected, by an incorporator – if in the hands of a receiver, trustee, other court appointed fiduciary by that fiduciary) THOMAS BALLARD	Signatur	
		have not been selected, by an incorporator – if in the hands of a receiver, trustee, or
(Typed or printed name of person signing)		THOMAS BALLARD
		(Typed or printed name of person signing)
REGISTERD AGENT		DECIGNOD - CO. W