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## **COVER LETTER**

**Division of Corporations** NAME OF CORPORATION: First Church of the Brethren of St. Petersburg; FL N 93 000002754 The enclosed Articles of Amendment and fee are submitted for filling. Please return all correspondence concerning this matter to the following: Church of the Brethren of St Pete FL 33710 Ivb Civile, N. Redington Beach, FL 33708 (City/ State and Zip Code) pwaechte & tampabay, Lr. Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: S\$\$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed) **Mailing Address** Street Address

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

TO: Amendment Section

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

Firstchurch of the Brethren of St. Peters burg FL
(Name of Corporation as currently filed with the Florida Dept. of State)
(Document Number of Corporation (if known)
(Executive di Corporation (il known)
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:  The new
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
Name of New Registered Agent: Phillip L. Walechter  14) Bath (lub Cirule  (Florida street address)
New Registered Office Address:  N. Red., ngtonBench, Florida 33708  (City) (Zip Code)
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	<u>V</u> <u>Mik</u>	n Doc te Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u> Мате</u>	<u>Addres</u> s
1) Change Add	MC	Susan L Smith	4020 36 AVEN 5+ Peterl 33713
Remove			
2) Change Add	TIFS	PhillipL. Waedter	N-RAUINGTE BLUCKEL 33708
Remove 3) Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			<u> </u>
6) Change Add			
Remove			<u>-</u>
E. If amending or add (attach additional sh		Articles, enter change(s) here: v). (Be specific)	

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The date of each amendment(s) adoption date this document was signed.	on:		•		_, if other than the
Effective date if applicable:	(no more than 90 d				
	(no more than 90 d	ays after amendm	ent file date)		
<u>Note:</u> If the date inserted in this block do document's effective date on the Department	oes not meet the appl nent of State's record	icable statutory fi ls.	ling requiremen	ts, this date will not	be listed as the

Adoption of Amendment(s) (CHECK ONE)

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

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 $\frac{3/25/2020}{}$
Signature Lurinda Schuler
(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)
Likingh Schuler
(Typed or printed name of person signing)
BC :
(Title of person signing)