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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Crossroads Baptist	Church of Fort Myers,	Inc.	
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are sub-	mitted for filing.		
Please return all correspondence concerning this mat-	ter to the following:		
Paul Cords			
	(Name of Contact Pe	rson)	<u>,</u>
Crossroads Baptist Church			
	(Firm/ Company	)	·
10721 Palm Beach blvd			
	(Address)		
Fort Myers, FL. 33905	, .		
	(City/ State and Zip C	Code)	<u> </u>
pcords@crossroadsbaptist.net			
E-mail address: (to be use	for future annual rep	ort notification	1)
For further information concerning this matter, please	call:		
Paul Cords	at	239	693-2777
(Name of Contact Person	) at		(Daytime Telephone Number)
Enclosed is a check for the following amount made page	ayable to the Florida E	Department of	State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing Address		et Address	
Amendment Section Division of Corporations		endment Secti ision of Corpo	

P.O. Box 6327 Tallahassee, FL 32314 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

Crossroads Baptist Church of Fort Myers, Inc.

20.00 00 2011:19

(Name of Corporation as currently filed with th	e Florida Dept. of State)	
N93000005430		
(Docur	nent Number of Corporation (if k	nown)
Pursuant to the provisions of section 617.1006, Floamendment(s) to its Articles of Incorporation:	rida Statutes, this <i>Florida Not Fe</i>	or Profit Corporation adopts the following
A. If amending name, enter the new name of th	e corporation:	
N/A		The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam		<del></del>
B. Enter new principal office address, if applica	N/A	
(Principal office address MUST BE A STREET A		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)	
D. If amending the registered agent and/or regi		, enter the name of the
new registered agent and/or the new register		
Name of New Registered Agent:	Paul Cords	
	4120 Orange River Loop rd	
N. D 1400 411	•	lorida street address)
New Registered Office Address:		72005
	Fort Myers	, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered ager	Registered Agent:  u. tam familiar with any accept	the obligations of the position.
-	Signature of New Regist	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 Do           V         Mike Jo           SV         Sally Sn	<u>nes</u>	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change Add	<u>T</u>	Lee VanTilburg	3462 Hancock bridge Pkwy #234
x Remove			North Foret Myers, Fl. 33903
2) Change Add	TR	Richard Savige	2138 W Tobago Cir
Remove 3) × Change Add Remove	<u>TR</u>	Richard Ellis	Fort Myers, Fl. 33905 17601 Frank Rd Alya, Fl. 33920
4) <u>×</u> Change Add	TR	William Hayhurst	2018 Columbus Ave
Remove			Alva, Fl. 33920
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee		cles, enter change(s) here: (Be specific)	

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	-	
The date of each amendment(s) adoption: date this document was signed.	:	, if other than the
date in a document was signed.		
Effective date if applicable:	no more than 90 days after amendment file date)	
(1	no more than 90 days after amendment file date)	
<u>Note:</u> If the date inserted in this block does document's effective date on the Department	not meet the applicable statutory filing requirements, this date will not be at of State's records.	e listed as the
Adoption of Amendment(s) (	(CHECK ONE)	
The amendment(s) was/were adopted b was/were sufficient for approval.	by the members and the number of votes cast for the amendment(s)	

	6/24/2020
Dated	
	11/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1
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)
	W. II a Harring
	MILLEM May NEWS
	(Typed or printed name of person signing)
	Trustee