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COVER LETTER

TO: Amendment Section Division of Corporations

NEW HOPE BAP	TIST TEMPLE, INC
N95000001240 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are su	abmitted for filing.
Please return all correspondence concerning this ma	·
JIMMY L MCMILLAN	
	(Name of Contact Person)
NEW HOPE BAPTIST TEMPLE	
	(Firm/ Company)
9900 103RD STREET	
	(Address)
JACKSONVILLE, FL 32210	
	(City/ State and Zip Code)
ncwhopc9900@gmail.com	
E-mail address: (to be us	ed for future annual report notification)
For further information concerning this matter, plea	se call:
JIMMY L MCMILLAN	(434) 471-3392 at
(Name of Contact Perso	
Enclosed is a check for the following amount made	payable to the Florida Department of State:
S35 Filing Fee □S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is Enclosed)
Mailing Address	Street Address

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

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 of

NEW HOPE BAPTIST TEMPLE, INC

(Name of Corporation as currently filed with the	Florida D	Dept. of State)		
N95000001240				
(Docum	ient Numb	er of Corporation (in	fknown)	
Pursuant to the provisions of section 617.1006, Floramendment(s) to its Articles of Incorporation:	rida Statute	es, this <i>Florida Not</i>	For Profit Corporation adopts	the following
A. If amending name, enter the new name of the	corporati	<u>ion:</u>		
N/A				The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name		ion" or "incorpora	ted" or the abbreviation "Corp	p." or "Inc."
B. Enter new principal office address, if applica	ble:	N/A		
(Principal office address MUST BE A STREET A)		1026
				' در است. است
C. Enter new mailing address, if applicable:		N/A		
(Mailing address MAY BE A POST OFFICE)	<u>BOX</u>)	<u> </u>	<u> </u>	<u> </u>
				12:40
				<u></u>
D. If any discass and a section of the section of t		and during the Plant	da	
 If amending the registered agent and/or registered agent and/or the new registered. 			da, enter the name of the	
Name of New Registered Agent:		MCMILLAN		
isanc of New Negaserea rigem.	2125 SAF	IARA PLACE		
		· · · · · · · · · · · · · · · · · · ·	(Florida street address)	
New Registered Office Address:				
	MIDDLE	BURG	, Florida	68
		(City)	(Zip Code)	•
New Registered Agent's Signature, if changing F I hereby accept the appointment as registered agen			ept the obligations of the positi	on.
			250011	
_	Si	gnature of New Reg	ristered 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 Sr	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
l) Change Add	PD	CHARLES E BOLDT	8722 BARCO LANE JACKSONVILLE, FL 32244
x Remove			
2) Change Add	PD	JIMMY L MCMILLAN	2125 SAHARA PLACE MIDDLEBURG, FL 32068
Remove 3) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee		cles, enter change(s) here: (Be specific)	
N/A			
			

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document's effective date on the Department of State's records.

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.
Dated 8-9-2020
Signature Vona Hart
(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)
DONALD R CARTER
(Typed or printed name of person signing)
VD/SD

(Title of person signing)