N96000000317

(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LÉTTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: LIVE OAKS BIBI	LE CHURCH INC.	
DOCUMENT NUM	1BER: N96000000317		
The enclosed <i>Article</i>	es of Amendment and fee are st	ibmitted for filing.	
Please return all cort	espondence concerning this ma	atter to the following:	
	MICHAEL J. GORDON		
		Name of Contact Person	1
	C/O LIVE OAKS BIBLE CE	HURCH INC.	
		Firm/ Company	
	6900 COUNTY ROAD 95		
	-	Address	<u> </u>
	PALM HARBOR, FL 34684		
	<u>-</u>	City/ State and Zip Cod	e
	info@liveoaksbiblechurch.ec	9111	
	_	sed for future annual report	notification)
For further informati	on concerning this matter, plea		204-6374
Name	e of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:
□ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status
	ailing Address		<u>Address</u>
Amendment Section		Amendment Section	
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee	
	llahassee, FL 32314	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303



-93



May 19, 2021

MICHAEL J. GORDON C/O LIVE OAKS BIBLE CHURCH INC 6900 COUNTY ROAD 95 PALM HARBOR, FL 34684

SUBJECT: LIVE OAKS BIBLE CHURCH INC.

Ref. Number: N9600000317

We have received your document for LIVE OAKS BIBLE CHURCH INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to nonprofit statutes (chapter 617, Florida Statutes). As the entity was originally filed as a corporation for profit, this document should be filed pursuant to chapter 607, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

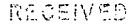
Please accept our apology for failing to mention this in our previous letter.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6907.

Annette Ramsey OPS

Letter Number: 121A0001060373





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FLORIDA DEPARTMENT OF STATE Division of Corporations

May 7, 2021

MICHAEL J. GORDON C/O LIVE OAKS BIBLE CHURCH INC. 6900 COUNTY ROAD 95 PALM HARBOR, FL 34684

SUBJECT: LIVE OAKS BIBLE CHURCH INC.

Ref. Number: N96000000317

We have received your document for LIVE OAKS BIBLE CHURCH INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers listed.

The name and title of the person signing the document must be noted beneath or opposite the signature.

Bylaws are not filed with this office. Please retain them for your records.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6907.

Annette Ramsey OPS

Letter Number: 921A00009617

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Live Oaks Bible Church MC
DOCUMENT NUMBER: <u>1960000000317</u>
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Michael Gordon (Name of Contact Person)
Live Oaks Bible Church MC. (Firm/Company)
6900 County Road 95
Palm Harbor, F (34684) (City/ State and Zip Code)
Michael govdon 0128@gmsil-com E-hail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Michael Goodon at 727-204-6374 (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
☐ \$35 Filing Fee ★\$43.75 Filing Fee & ☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee Certificate of Status (Additional copy is enclosed) ☐ \$60 Certified Copy (Additional Copy is Enclosed)

Mailing Address

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

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
Articles of Incorporation of Cive on KS Bible Church Me 2021 July 7 (Name of Corporation as currently filed with the Florida Dept. of State) A 100 (100 Pm 60 CD 60 20 20 10)
(Name of Corporation as currently filed with the Florida Dept. of State)
(Name of Corporation as currently fried with the Fibrida Dept. of State)
M96000003 7 (Document Number of Corporation (if 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:
<i>The new</i>
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 <u>MUST BE A STREET ADDRESS</u>)
C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
D. 16 11 (b. 154.) I see a disconsistenced office address in Florida antar the name of the
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:
Name of New Registered Agent: Michael J. Gordon
IVA Para Corala
(Florida street address)
New Registered Office Address:
Old Mac Florida 596 +
(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.
Mula
Signature of New Registered Agent, if changing

and address of each Offi (Attach additional sheets Please note the officer/di P = President; V = Vice I	ficer and/or Dire i, if necessary) irector title by the President: T= Tre = Chief Financial	first letter of the office title: asurer; S= Secretary; D= Director; TR= Tru Officer. If an officer/director holds more tha	istee; C = Chairman or Clerk; CEO = Chief
Changes should be noted a change, Mike Jones led Mike Jones, V as Remove	ives the corporati	on, Sally Smith is named the V and $S.$ These s	PST and Mike Jones is listed as the V. There is hould be noted as John Doc, PT as a Change,
Example: X Change X Remove X Add	PT John I V Mike J SV Sally S	lones	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add	TR	Jom Smoyer	Clo Live Oaks Bible C 6900 CR 95 PalM Harbur, Fl 3468
Remove 2) Change Add	50	Tommy Shelton	Clo Live Oaks Bible Ch
Remove Change Add Remove	STO	John Aparo	Sanne as Above
4) Change Add	NDD	Ken Nauman	1 same as above
Remove 5)ChangeAdd			
Remove 6)ChangeAdd			
Remove			
E. If amending or addi (attach additional she		ticles, enter change(s) here: (Be specific)	
Ameno	led a	nd additional	Articles

The date of each amendment(s) adoption: February 28, 2021 if other than the
date this document was signed.
date this document was signed.
Effective date if applicable: Malch 1, 2021
(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 listed as the
document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The second section of the second section of the second feature of the second feature of the second section of the section of th
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 $5/27/2021$
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)
Tom Aparo (Typed or printed name of person signing)
Sec. Director (Title of person signing)