## N96000001107

| (R                                      | equestor's Name)       |        |  |  |
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| PICK-UP                                 | ☐ WAIT                 | MAIL   |  |  |
| (E                                      | Business Entity Name)  |        |  |  |
| (Document Number)                       |                        |        |  |  |
| Certified Copies                        | Certificates of        | Status |  |  |
| Special Instructions to Filing Officer: |                        |        |  |  |
|   |                        |        |  |  |
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Anno. 14

## **COVER LETTER**

TO: Amendment Section

Division of Corporations

| May 11 By 11 and The  |  |  |  |  |
|---|--|--|--|--|
| NAME OF CORPORATION: North Bay Chapel INC.  |  |  |  |  |
| DOCUMENT NUMBER: N96 00001107   |  |  |  |  |
| The enclosed Articles of Amendment and fee are submitted for filing.  |  |  |  |  |
| Please return all correspondence concerning this matter to the following:   |  |  |  |  |
| Jane Mayo (Name of Contact Person)  |  |  |  |  |
| Vane // ayo (Name of Contact Person)  |  |  |  |  |
| North Bay Chapel INC (Firm/Company)   |  |  |  |  |
| (Firm/ Company)   |  |  |  |  |
| 9903 N Campflowers Rd. (Address)  |  |  |  |  |
| (Address)   |  |  |  |  |
| Youngstown F/ 32466 (City/State and Zip Code)   |  |  |  |  |
|   |  |  |  |  |
| E-mail address: (to be used for future annual report notification)  |  |  |  |  |
| For further information concerning this matter, please call:  |  |  |  |  |
| Jane Mayo (Name of Contact Person)  at (850) 723-6874 (Area Code & Daytime Telephone Number)  |  |  |  |  |
| (Name of Contact Person) (Area Code & Daytime Telephone Number)   |  |  |  |  |
| Enclosed is a check for the following amount made payable to the Florida Department of State:   |  |  |  |  |
| \$35 Filing Fee  \$\bigcup \\$43.75 Filing Fee & \bigcup \\$43.75 Filing Fee & \bigcup \\$43.75 Filing Fee & \bigcup \\$52.50 Filing Fee \\ Certificate of Status \\ (Additional copy is \\ enclosed)\$\$ (Additional Copy is \\ Enclosed)\$\$ Enclosed |  |  |  |  |
| Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301                                      |  |  |  |  |

## Articles of Amendment to Articles of Incorporation of

| North Bau Chapel INC.  |
|--|
| (Name of Corporation as carrently filed with the Florida Dept. of State)   |
| N9600000 1107  |
| (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:  |
| 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 new registered agent and/or the new registered office address:                |
| Name of New Registered Agent: Borry A. Bowen  308 South Gay Ave.  (Florida street address)   |
| Name of New Registered Agent.  |
| 308 South Gay AVL. (Florida street address)  |
| <u>New Registered Office Address:</u>  |
| City) Florida 32404 (City) (Zip Code)  |
| (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  |

Page 1 of 4

## 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 | V Mike       | Doe<br>e Jones<br>v Smith |  |
|----------------------------------|--------------|---------------------------|--|
| Type of Action<br>(Check One)    | <u>Title</u> | <u>Name</u>               | <u>Addres</u> s                                    |
| 1) Change Add Remove             | PT           | Wilsie Williams           | 3709 E 5th St.<br>Panama City F!<br>32404          |
| 2) Add Remove                    | DTR          | Barry Bowen, Deacon       | Panoma City FI 32404                               |
| Change Add Remove                | TR_          | Johnny Johnston, Deccon   | 2631 Marcornick Rd.<br>Southport F1 32409          |
| 4) Change Add Remove             | D TR         | Richard Bodner, Deacon    | 11619 N Bear Circk Rol<br>Panama City Fl<br>32404  |
| 5) Add Remove                    | TR_          | Danel Mayo                | 9903 N Campflowers Roll<br>Young stown Fl<br>32466 |
| 6)                               | 27           | Jane Mayo                 | 9903 N Compflowers Rol. Youngstown Fl 32466        |
|                                  |              | Page 2 of 4               |  |

| and and an entire of the entir | icles, enter change(s) here: (Be specific)   |
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| f an amendment provides for an exch<br>provisions for implementing the ame<br>(if not applicable, indicate N/A)  | hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:   |
| provisions for implementing the ame  | hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:   |
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|      | e date of each amendment(s) adoption:  | , if other than the |
|------|--|---------------------|
| date | e this document was signed.  |                     |
| Eff  | ective date <u>if applicable</u> :   |                     |
|      | (no more than 90 days after amendment file date)   |                     |
| Ade  | option of Amendment(s) ( <u>CHECK ONE</u> )  |                     |
| d    | 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  |                     |
|      | Signature Oone D Marco   |                     |
|      | (By the chairman or vice chairman of the board, president or other officer-if directors  |                     |
|      | ha⊮e not been selected, by an incorporator — if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) |                     |
|      | Jane D Mayo (Typed or printed name of person signing)  |                     |
|      | (Typed or printed name of person signing)  |                     |
|      | bresident  |                     |
|      | (Title of person signing)  |                     |