N9UDDD358

(Re	equestor's Name)	
(Ac	ddress)	
(Āc	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
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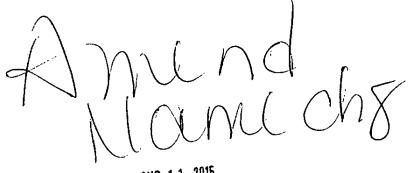
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SECRETARY OF STATE OF VISION OF CAREERS AND 10 PM 2: 1



AUG 11 2015 I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

Green Cove Springs (NAME OF CORPORATION:	Orange Avenue Ba	ptist Church Inc	,
N96000003568 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are subm	nitted for filing.		
Please return all correspondence concerning this matte	r to the following:		
Valorie Shepard			
valorie Snepard			<u> </u>
	(Name of Contact)	Person)	
Orange Avenue Baptist Church			
	(Firm/ Compar	ny)	
1106 N. Orange Avenue			
	(Address)	· . - .	
Green Cove Springs, FL 32043			
	(City/ State and Zip	Code)	
oabcsecretary@att.net			
E-mail address: (to be used	for future annual re	eport notificatio	n)
For further information concerning this matter, please	call:		
Valorie Shepard	ş	904 it	910-9462
(Name of Contact Person)		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made page	yable to the Florida	Department of	State:
\$35 Filing Fee \$\Bigcup \$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fe Certified Copy (Additional copy enclosed)	Certi vis Certi (Add	50 Filing Fee ficate of Status fied Copy itional Copy is osed)
Mailing Address	S	treet Address	
Amendment Section		mendment Sec	
Division of Cornerations	1	Division of Corr	Arations

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

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Green Cove Springs Orange Avenue Baptist Chur	ch Inc		
(Name of Corporation	ı as current	ly filed with th	e Florida Dept. of State)
N96000003568			
(Docum	nent Numbe	er of Corporation	n (if known)
Pursuant to the provisions of section 617.1006, Floamendment(s) to its Articles of Incorporation:	rida Statute	s, this <i>Florida N</i>	Not For Profit Corporation adopts the following
A. If amending name, enter the new name of th	e corporati	on:	
Springs Baptist Inc			The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam		ion" or "incorp	
B. Enter new principal office address, if applica		n/a	
(Principal office address <u>MUST BE A STREET A</u>	(DDRESS)		ن ن
C. Enter new mailing address, if applicable:			Elis Hug 10
(Mailing address MAY BE A POST OFFICE	BOX)	n/a	
			•
			
D. If amending the registered agent and/or regi	stered offic	e address in Fl	orida, enter the name of the
new registered agent and/or the new register			
Name of New Registered Agent:	Robert Sco	ott Noel	
	1106 N. O	range Avenue (Green Cove Springs, FL 332043
		· · · · · · · · · · · · · · · · · · ·	(Florida street address)
New Registered Office Address	:		,
	n/a		, Florida
		(City)	(Zip Code)
New Registered Agent's Signature, if changing			recent the obligations of the position
I hereby accept the appointment as registered age	u. 1 am far	nitiar with and e	ccept the obligations of the position.
_		Mot	with he
	Si	gnature of New	Registered Agent, if changing

If ameriding 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>Mi</u>	nn Doe ke Jones ly Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	P	Eleanor Blackmon	1106 N. Orange Ave
Add			Green Cove Springs, FL 32043
X Remove			
2) Change	P	Robert Scott Noel	1106 N. Orange Ave
XAdd			Green Cove Springs, FL 32043
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) (attach additional sheets, if necessary). (Be specific)	i iiete.
n/a	
•	

The date of each amend	dment(s) adoption:	, if other than th
date this document was s	signed.	
Effective date if applica		
	(no more than 90 days after amendment file date)	
	ed in this block does not meet the applicable statutory filing requirements, this date will not be te on the Department of State's records.	e listed as the
Adoption of Amendme	ent(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were sufficient	was/were adopted by the members and the number of votes cast for the amendment(s) t for approval.	
There are no membadopted by the boa	pers or members entitled to vote on the amendment(s). The amendment(s) was/were ard of directors.	
Dated	August 5, 2015	
Signature	Polit Suitt Gol	_
·	(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)	
	Robert Scott Noel	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	