N960000 3568

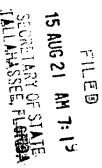
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COVER LETTER

TO: Amendment Section Division of Corporations -Springs Baptist Inc NAME OF CORPORATION: N96000003568 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Valorie Shepard (Name of Contact Person) Springs Baptist Church (Firm/ Company) 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 report notification) For further information concerning this matter, please call: 284-3937 Valorie Shepard (Daytime Telephone Number) (Name of Contact Person) (Area Code)

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 & Certificate of Status Certified Copy

(Additional copy is enclosed)

□\$52.50 Filing Fee Certificate of Status 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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Springs Baptist Inc	
**************************************	tly filed with the Florida Dept. of State)
N96000003568	
(Document Numb	er of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporate	ion:
Springs Baptist Church Corp	The new
name must be distinguishable and contain the word "corporal" "Company" or "Co." may not be used in the name.	tion" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	1106 N. Orange Avenue
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Green Cove Springs, FL 32043
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 a new registered agent and/or the new registered office a Name of New Registered Agent:	
New Registered Office Address:	(Florida street address)
· 	(City) , Florida (City)
N. D. Ca. I.A. ad St. aa. 16 E. C. D. Ca. a	
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa	
	ALC
S	ignature of New Registered 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 <math>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	ones .	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	ts, if necessary). (B	Be specific)			
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	date of each amen this document was	dment(s) adoption:signed.	if other than the
Effe	ective date <u>if applic</u>		
		(no more than 90 days after amendment file date)	
		ed in this block does not meet the applicable statutory filing requirements, te on the Department of State's records.	this date will not be listed as the
Adoption of Amendment(s)		ent(s) (<u>CHECK ONE</u>)	
	The amendment(s) was/were sufficien	was/were adopted by the members and the number of votes cast for the at tor approval.	mendment(s)
	There are no membadopted by the boa	pers or members entitled to vote on the amendment(s). The amendment(s) and of directors.) was/were
	Dated	August 18, 2015	
	Signature	Eulet Sutt al	
	1	(By the chairman or vice chairman of the board, president or other officer- have not been selected, by an incorporator – if in the hands of a receiver, other court appointed fiduciary by that fiduciary)	
		Robert Scott Noel	
		(Typed or printed name of person signing)	
		President	
		(Title of person signing)	