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COVER LETTER

TO: Amendment Section Division of Corporations , SPRINGS BAPTIST CHURCH, 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: ROBERT SCOTT NOEL (Name of Contact Person) SPRINGS BAPTIST CHURCH (Firm/ Company) 1106 N ORANGE AVE (Address) GREEN COVE SPRINGS FL 32043 (City/ State and Zip Code) springschurchges@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Dana Noel 284-3937 (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 □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy

Mailing Address

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

Street Address

(Additional copy is

enclosed)

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Certified Copy

Enclosed)

(Additional Copy is

Articles of Amendment to Articles of Incorporation of

SPRINGS BAPTIST CHURCH CORP

(Name of Corporation as currently filed with the Florid	a Dept. of State)
N960000003568	
(Document Nur	nber of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Stat amendment(s) to its Articles of Incorporation:	utes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpor	ration:
SPRINGS CHAPEL CORP	The new
name must be distinguishable and contain the word "corpo "Company" or "Co." may not be used in the name.	ration" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	76)
(Principal office address <u>MUST BE A STREET ADDRES</u>	<u>3)</u>
C. Enter new mailing address, if applicable:	i
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
	 #_
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office	
Name of New Registered Agent:	
New Registered Office Address:	(Florida street address)
	(City) , Florida (Zip Code)
	· •
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am	ed Agent: familiar with and accept the obligations of the position.
	Signature of New Registered Agent, if changing

nd address of each of Attach additional she Please note the officer? = President; V = Vic Executive Officer; CF celd. President. Trease	Officer and. ets, if necess. director titl e President O = Chief F urer, Direct	for Director being added: Sary) See by the first letter of the office title T= Treasurer; S= Secretary; D= Sinancial Officer. If an officer/direct or would be PTD.	ne of each officer/director being removed and title, name, :: Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief etor holds more than one title, list the first letter of each office oe is listed as the PST and Mike Jones is listed as the V. There is
change, Mike Jones	leaves the c		e V and S. These should be noted as John Doe, PT as a Change.
Example: X Change X Remove X Add Type of Action	PT V SV Tit <u>le</u>	John Doe Mike Jones Sally Smith	Address
Check One)			
Change Add Remove			
?) Change Add			
Remove Change Add Remove			
1) Change Add	 		

__ Remove

5) ____ Change ____ Add

f) ____ Cnange ____ Add

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E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

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he date of each amendment(s) adoption: ate this document was signed.	07/12/2020		_ . .		, if other than th
ffective date if applicable: 07/12/2020					
(n	o more than 90 days	ufter amendment f	île date)		

<u>Note:</u> 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 amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

Dated	07/27/2020
Signatur	Filet Scottle!
5.5	(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)

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