## N98000001019

| (Req                      | uestor's Name)   |             |
|---------------------------|------------------|-------------|
| (Add                      | ress)            |             |
| (Add                      | ress)            |             |
| (City                     | /State/Zip/Phone | <b>⇒</b> #) |
| PICK-UP                   | MAIT             | MAIL        |
| (Bus                      | iness Entity Nar | ne)         |
| (Doc                      | ument Number)    |             |
| Certified Copies          | Certificates     | s of Status |
| Special Instructions to F | iling Officer:   |             |
|                           |                  |             |
|                           |                  |             |
|                           |                  |             |

Office Use Only



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02/03/15--01003--009 \*\*43.75

SECRETARY OF SMILE OF DIVISION OF COMPORATIONS

125B

## COVER LETTER

**TO:** Amendment Section Division of Corporations

| NAME OF CORPORATION: The OI   | ire branch   | Church, Fre  |  |  |
|---|--|--|--|--|
| DOCUMENT NUMBER: N 9 8 0 0 0  |  | ,  |  |  |
| The enclosed Articles of Amendment and fee are subr                       | ·  |  |  |  |
| Please return all correspondence concerning this matter to the following: |  |  |  |  |
| Ellen Green   |  |  |  |  |
| Elen Green  | (Name of Contact Person  | n)   |  |  |
| The Olive brane   | h church   |  |  |  |
|   | (Firm/ Company)  |  |  |  |
| LOSO Derbyshire 12  |  |  |  |  |
| ľ   | (Address)  |  |  |  |
| Daytona but, Fla, 32/17<br>(City/ State and Zip Code)                     |  |  |  |  |
| Brail address: (to be used for future annual report notification)         |  |  |  |  |
| For further information concerning this matter, please                    | call:  |  |  |  |
| Ellen Green (Name of Contact Person)                                      | at ( 38 <b>6</b>   | , 627-8326   |  |  |
| (Name of Contact Person)  | (Area Co   | ode & Daytime Telephone Number)  |  |  |
| Enclosed is a check for the following amount made pa                      | yable to the Florida Depa  | urtment of State:  |  |  |
| S35 Filing Fee & Certificate of Status                                    | □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed) |  |  |
| Mailing Address   | Street   | Address  |  |  |
| Amendment Section   |  | ment Section   |  |  |
| Division of Corporations  | Divisio  | n of Corporations  |  |  |

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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

| of  | se ccoa AMII: 27            |
|---|-----------------------------|
| (Name of Corporation as currently filed with the Florida Dept. of State)  | Lec The                     |
| (Name of Corporation as currently filed with the Florida Dept. of State)  | 1 3                         |
| N 98000001019   |                             |
| (Document Number of Corporation (if known)  |                             |
| Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corpor</i> amendment(s) to its Articles of Incorporation:          | ration adopts the following |
| A. If amending name, enter the new name of the corporation:   |                             |
| The Olive branch Church Inc name must be distinguishable and contain the word "corporation" or "incorporated" or the abbre  | The new                     |
| name must be distinguishable and contain the word "corporation" or "incorporated" or the abbre "Company" or "Co." may not be used in the name.                      | viation "Corp." or "Inc."   |
|   |                             |
| B. Enter new principal office address, if applicable: N/A Staying office address MUST RE A STREET ADDRESS)  | the Same                    |
| (Principal office address MUST BE A STREET ADDRESS)   |                             |
| ,   | <del></del>                 |
| ·   | <del>.</del>                |
| 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 new registered agent and/or the new registered office address:      | e of the                    |
| 45/2  |                             |
| Name of New Registered Agent: Name of New Registered Agent:   |                             |
|   |                             |
| (Florida street address)  New Registered Office Address:  |                             |
| No. Nogario en Office Man Co  |                             |
|   |                             |
| (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             |
| r nervoy accept the appointment as registered agent. I am jumitiat with and accept the obligations  | ој те розшон.               |
|   |                             |
| Signature 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 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>Mik</u> | <u>1 Doe</u><br>e Jones<br>y Smith |            |                 |            |
|----------------------------------|---------------------|------------------------------------|------------|-----------------|------------|
| Type of Action<br>(Check One)    | Title               | Name<br>N/A                        |            | <u>Addres</u> s |            |
| 1) Change                        |                     |                                    |            |                 |            |
| Add                              |                     |                                    |            |                 |            |
| Remove                           |                     |                                    |            |                 |            |
| 2) Change                        |                     |                                    |            |                 |            |
| Add                              |                     |                                    |            |                 |            |
| Remove                           |                     |                                    |            |                 |            |
| 3 ) Change                       |                     |                                    | <u>.</u> . |                 |            |
| Add                              |                     |                                    |            |                 |            |
| Remove                           |                     |                                    |            |                 | <u>-</u> . |
| 4) Change                        |                     |                                    |            |                 |            |
| Add                              |                     |                                    |            |                 |            |
| Remove                           |                     |                                    |            |                 |            |
| 5) Change                        |                     |                                    |            |                 |            |
| Add                              |                     |                                    |            | _               |            |
| Remove                           |                     |                                    |            | _               |            |
| Keniove                          |                     |                                    |            |                 |            |
| 6) Change                        |                     |                                    |            |                 |            |
| Add                              |                     |                                    |            |                 |            |
| Remove                           |                     |                                    |            |                 |            |

| E. If amending or adding additional Arti  | icles, enter change(s) here:          |  |
|---|---------------------------------------|--|
| (attach additional sheets, if necessary). | (Be specific)                         |  |
| NA  |                                       |  |
| / '                                       |                                       |  |
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|   |                                       |  |

| The date of each amendment(s) adoption: Mate this document was signed.       | <u> </u>  | if other than the                           |
|--|---|---|
| Effective date if applicable: 1/21   | 115   | SECRETARY OF STATE DIVISION OF CORPORATIONS |
| (no th   | nore than 90 days after amendment file date)  | 15 FEB -3 AMII: 27                          |
| Adoption of Amendment(s) (CH   | ECK ONE)  |   |
| ☐ The amendment(s) was/were adopted by the was/were sufficient for approval. | e members and the number of votes cast for the  | amendment(s)                                |
| There are no members or members entitled adopted by the board of directors.  | to vote on the amendment(s). The amendment(s)   | s) was/were                                 |
| Dated _1/21/15   |   |   |
| Signature Ellin On   | ker   |   |
| have not been selected, I  | chairman of the board, president or other officer<br>by an incorporator – if in the hands of a receiver<br>duciary by that fiduciary) |   |
| Ellen  |   |   |
|  | printed name of person signing)   |   |
| Vice pre   | Title of person signing)  |   |