## N98000002917

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:	urch of Christ in th	e Golden Triangle, I	nc.		
DOCUMENT NUMBER:	002917				
The enclosed Articles of Amendme	nt and fee are subm	itted for filing.			
Please return all correspondence cor	cerning this matter	to the following:			
Marshall D Bailey					
	(	Name of Contact Pe	rson)		
Church of Christ in the Golden Tria	ngle, Inc.				
		(Firm/ Company	)	1 may 2 y	
PO Box 509					
1. F. 10		(Address)			
Eustis, FL 32726					
	(	City/ State and Zip (	Code)		
Don.Bailey2@comcast.net					
E-mail ac	dress: (to be used	for future annual rep	ort notification	)	
For further information concerning	his matter, please o	all:			
Marshall Bailey		aŧ		409-0421	) ) )
(Name	of Contact Person)		(Area Code)	(Daytime Telephone Number)	;
Enclosed is a check for the followin	g amount made pay	able to the Florida I	Department of	State:	
■ \$35 Filing Fec □\$43. Cert	75 Filing Fee & E ificate of Status	□\$43.75 Filing Fee of Certified Copy (Additional copy is enclosed)	Certifi Certifi		-
Mailing Address Amendment Secti Division of Corpo P.O. Box 6327 Tallahassee, FL 3	rations	An Div Th	eet Address lendment Sectivision of Corpo e Centre of T 15 N. Monroe	rations	

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

Church of Christ in the Golden Triangle, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N98000002917 (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: Not applicable 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. Not applicable B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: Not 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: Not applicable Name of New Registered Agent: (Florida street address) New Registered Office Address: (City) 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

and address of each Off (Attach additional sheets, Please note the officer/di P = President; V= Vice I	icer and/o , if necesson rector title President; = Chief Fi	e by the first letter of the office title: T= Treasurer; S= Secretary; D= Director; TR= 7 nancial Officer. If an officer/director holds more t	Trustee; C = Chairman or Clerk; CEO = Chief
Changes should be noted a change, Mike Jones lea Mike Jones, V as Remove	ves the co	lowing manner. Currently John Doe is listed as the rooration, Sally Smith is named the V and S. These y Smith, SV as an Add.	e PST and Mike Jones is listed as the V. There is e should be noted as John Doe, PT as a Change,
Example: X Change X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	TR	Robert Alan Bridgeman, Jr.	3364 Creek Run Lane Eustis. FL 32736
Remove 2) Change Add			
Remove 3) Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addi (attach additional she		obal Articles, enter change(s) here: essary). (Be specific)	

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The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
na2	ember 25, 2022	
Effective date if applicable:	<u> </u>	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this ble document's effective date on the De	ck does not meet the applicable statutory filing requirements, this date will not be partment of State's records.	e listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were a was/were sufficient for approv	dopted by the members and the number of votes cast for the amendment(s)	

There are no members or members entitled to vote on the control of the control	ne amendment(s). The amendment(s) was/were
adopted by the board of directors.	
Signature    May Mall	The board, president of other officer-if directors forator – if in the hands of a receiver, trustee, or nat fiduciary)
Marshall D Bailey	
(Typed o	r printed name of person signing)
Registerd Agent	
	(Title of person signing)

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