N9800000 6139

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(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
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COVER LETTER

TO: Amendment Section
Division of Corporations

N98000006139	
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Charles Pettis	
(Name of Contact Person))
Go 2 Church	
(Firm/ Company)	
2555 N Monroe St	
(Address)	
Tallahassee, FL, 32303	
(City/ State and Zip Code	()
info@go2church.com	
E-mail address: (to be used for future annual report n	otification)
For further information concerning this matter, please call:	
Charles Pettis (850	0) 205 0140 X 1 U d
(Name of Contact Person) (Are	ea Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Depart	rtment of State:
\$35 Filing Fee \$\bigs\tag{43.75 Filing Fee & Certificate of Status}\$ 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

(Name of Corporation as current	ly filed with the Florida Dept. of	State)
Every Nation Tallahassee Inc.		
(Document Number	r of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	, this <i>Florida Not For Profit Cor</i>	poration adopts the following
A. If amending name, enter the new name of the corporati	on:	
Go 2 Church Inc.		. The new
name must be distinguishable and contain the word "corporat" "Company" or "Co." may not be used in the name.	on" or "incorporated" or the abb	previation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	As before	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		707
		<u> </u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	As before	38
D. If amending the registered agent and/or registered offic new registered agent and/or the new registered office a		ame of the
Name of New Registered Agent: N/A		
	(Florida street ad	dress)
<u>New Registered Office Address</u> : N/A		
INA	(Cia)	, Florida (Zip Code)
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am fai		ons of the position.
Si	gnature 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.

Type of Action (Check One) Title Name Address 1) Change	Example: X Change X Remove X Add	PT John Do V Mike Jo SV Sally Si	<u>ones</u>	
AddRemove 2)Change	Type of Action (Check One)	<u>Title</u>	Name	Address
Remove	1) Change			
2) Change	Add			
Add Remove 3) Change	Remove			
Add Remove 3) Change	2) Change			
3) Change Add				
Add Remove 4) Change	Remove			
Add Remove 4) Change	3) Change			
Remove				
4) Change				
AddRemove 5)Change				
Remove	4) Change			
5) Change	Add			
Add	Remove			
Add				
Remove	5) Change			
6)Change	Add			
Add	Remove			
Add	6) Change			
	Add Remove			

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

	e date of each amendment(s) adoption: 2/12/2017 e this document was signed.	_, if other than the
Effe	Sective date if applicable:	
	(no more than 90 days after amendment file date)	
	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not burnent's effective date on the Department of State's records.	oe listed as the
Ado	option 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.	
	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
	Dated $3/9/7$	
	Signature Knot P. Fills H.	
	(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)	
	Ronald Miller Jr. (Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	