N99000004524

| (Re | equestor's Name) | <u> </u> |
|-------------------------|--------------------|-------------|
| (Ac | ddress) | |
| (Ac | ddress) | |
| (Ci | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bı | usiness Entity Nar | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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SECRETARY OF STATE
AND ANASSEE FLORIB

KEB 1 4200

COVER LETTER

TO: Amendment Section Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

| NAME OF CORPORATION: Lighthouse | Baptist (| hurch of Central FI |
|---|--|--|
| DOCUMENT NUMBER: N 99000 | 004526 | |
| The enclosed Articles of Amendment and fee are subm | nitted for filing. | |
| Please return all correspondence concerning this matter | to the following: | ATTER 14 |
| Teri Humphreys | Name of Contact Person | 7 P |
| Lighthouse Baptist | Church (Firm/ Company) | of Central Fl. Tre. |
| 3838 Howell Branch | (Address) | |
| Winter Park, FI | 32792 City/ State and Zip Cod | e) |
| thumphreys @ It | ocwinterpa for future annual report | rk.com |
| For further information concerning this matter, please c | all: | |
| Ten Humphre us (Name of Contact Person) | at <u>(4</u> | ea Code) (Daytime Telephone Number) |
| Enclosed is a check for the following amount made pay | able to the Florida Depa | ortment of State: |
| \$35 Filing Fee \$\sum \\$43.75 Filing Fee & Certificate of Status | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed) |
| Mailing Address Amendment Section | | Address ment Section |

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Articles of Amendment

| Art | to icles of Incorporation | | |
|--|---|---------------------------|--------------------|
| | of | | 5,3 |
| Lighthouse Baptist | Church of | : Central | Fl. Skn |
| (Name of Corporation as cur | rrently filed with the Flo | rida Dept. of State) | |
| N 9900000 452 | ما | | |
| (Document N | umber of Corporation (if k | nown) | |
| Pursuant to the provisions of section 617.1006, Florida Stamendment(s) to its Articles of Incorporation: | atutes, this <i>Florida Not Fo</i> | or Profit Corporation add | opts the following |
| A. If amending name, enter the new name of the corpo | oration: | | |
| N/A | | | The new |
| name must be distinguishable and contain the word "corp "Company" or "Co." may not be used in the name. | ooration" or "incorporated | d" or the abbreviation "(| Corp." or "Inc." |
| B. Enter new principal office address, if applicable: | | <u>~</u> | |
| (Principal office address <u>MUST BE A STREET ADDRE</u> | (22) | | |
| | | ,, | |
| | | | |
| C. Enter new mailing address, if applicable: | \ | \ | |
| (Mailing address <u>MAY BE A POST OFFICE BOX</u>) | | \ | |
| | | - | |
| | | \ | |
| 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 offi | | enter the name of the | |
| Name of New Registered Agent: | NA | | |
| | | | |
| | | orida street address) | |
| New Registered Office Address: | | | |
| | VLA | . Florida | |
| | (City) | Florida (Zip Co | rde) |
| New Registered Agent's Signature, if changing Registe | red Agent: | | |
| I hereby accept the appointment as registered agent. I an | n familiar with and accept | the obligations of the po | sition. |
| | i | | |
| | NA | | |
| | Signature of New Regis. | tered 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 | <u>V</u> <u>Mik</u> | n Doe e Jones v Smith | |
|----------------------------------|---------------------|-----------------------------|---|
| Type of Action (Check One) | Title | <u>Name</u> | <u>Addres</u> s |
| 1) Change Add Remove | CAO | Janie Foster | 4968 Dan Smith Rd St. Cloud, Fl 34771 |
| 2) Change Add Remove | | | · |
| 3) Change Add Remove | | | |
| 4) Change Add Remove | | | |
| 5) Change Add Remove | | | |
| 6) Change Add Remove | | | |

| E. If almending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) | |
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| The date of each amendment(s) adoption: February 14, 2019. if other than the date this document was signed. |
|--|
| Effective date if applicable: |
| (no more than 90 days after amendment file date) |
| Note: 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. |
| 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 2-11-19 |
| Signature |
| (By the chairman of 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) |
| Teri Humphreys (Typed or printed name of person signing) |
| Secretary (Title of person signing) |