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COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

springs Baptist Church, Inc. eminole? DOCUMENT NUMBER: N9900005849 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Fice @ Seminalesprings baptis E-mail address: (to be used for future annual report notification For further information concerning this matter, please call: at 407 575-197 (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 Certified Copy (Additional copy is enclosed) (Additional Copy is Enclosed) **Mailing Address Street Address Amendment Section** Amendment Section Division of Corporations **Division of Corporations** P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Seminale Springs	5 Brotist Church	Inc
(Name of Corporation as currently filed with the Florida D	Dept. of State)	
N9900DD0 5849	ने	,
	er of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:		opts the following
A. If amending name, enter the new name of the corporati	ion:	
Real Impact Church	th Inc	The new
rame must be distinguishable and contain the word "corporat" "Company" or "Co." may not be used in the name.	tion" or "incorporated" or the abbreviation "C	Corp." or "Inc."
D. Fatan and activities of a Company of a continuation	ALG	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS))	782
		-
		021 JUL 14 AM 9: 00
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	型 电
(muning address MAT BE A FOST OFFICE BOA)		
		<u> </u>
D. If amending the registered agent and/or registered office and registered agent and/or the new registered office a		
Name of New Registered Agent:	NA	
New Registered Office Address:	(Florida street address)	
	, Florida	
	(City) (Zip Co	de)
New Registered Agent's Signature, if changing Registered	Agent:	
I hereby accept the appointment as registered agent. I am far	miliar with and accept the obligations of the pos	sition.
	NA	
Si	onature 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	PT John L V Mike J SV Sally S	lones	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add		N/A	
Remove		2/,	
2) Change Add			
Remove 3) Remove — Add		N/A	
Remove 4) Change Add		N/A	
Remove			
5) Change Add		12/A	
Remove 6) Change		NA	
Add Remove			
	ts, if necessary).	icles, enter change(s) here: (Be specific)	
		17/14	

,	N/A	
		
		
		 , .
		
		
		
The date of each amendment(s) adoption date this document was signed.	June 13, 2021	, if other than the
Effective date if applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block do document's effective date on the Departm	es not meet the applicable statutory filing requirements, this date will not be ent of State's records.	e listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted was/were sufficient for approval.	by the members and the number of votes cast for the amendment(s)	

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 7 01 20 21	
Signature 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)	
(Typed or printed name of person signing)	
Secretary Financial Teasury (Title of person signing)	

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