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SEP 21 2015

R. WHITE

COVER LETTER



NAME OF CORPORATION: I Am Connections Church Inc.
DOCUMENT NUMBER: <u>N /5000003093</u>
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Thomas Sullivan (Name of Contact Person)
I Am Connections Church (Firm/Company)
2566 A Hester Rue SE (Address)
Palm Bay F1 32909 (City/ State and Zip Code)
pastor thomas. Connections a amail. com E-mail address: (to be used for future annual report-notification)
For further information concerning this matter, please call:
Thomas Sullivar at 321 506 - 429 (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) \$43.75 Filing Fee & \$\sumsymbol{2}\$\$43.75 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

IP 13 PH 2: 27
HASSLE, FLORES

(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 corpo	eration:	
	Fellowship of Brevard IncThe new	
	oration" or "incorporated" or the abbreviation "Corp." or "Inc."	
"Company" or "Co." may not be used in the name.		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	2566 A Hester Ave SE SSS) Palm Bay FI 32909	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2566 A Hester Rue SE Palm Bay Fl 32909	
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi		
Name of New Registered Agent:/	/ / 	
Λ		
	(Florida street address)	
New Registered Office Address:		
	Clasida	
	, Florida (City) (Zip Code)	
	(Elp Code)	
New Registered Agent's Signature, if changing Registe		
I hereby accept the appointment as registered agent. I ar	n familiar with and accept the obligations of the position.	
	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	V Mik	n <u>Doe</u> te Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
Change Add Remove	<u>D</u>	Doug Beesley	2141 Granville St Palm. Ray Fl 32905
2) Change Add	<u>S</u> _	Tamera Beesley	2141 Granville St Palm Bay Fl 32905
Remove 3) Change Add Remove	V/D	Robin Sullivan	2566 A Hester Auese Palm Bay Fl 32909
4) Change Add Remove	<u>s/</u> 0	Lois Sims	1240 Cambo Ct Palm Bay F1 32905
5) Change Add Remove			
6) Change Add Remove			

If amending or adding addition (attach additional sheets, if necessity)	nal Articles, ente	er change(s) here cific)	:		
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	e date of each amendment(s) adoption: 9/11/15	, if other than the
Effe	ective date <u>if applicable</u> : 9/10/15	
	(no more lhan 90 days after amendment file date)	
	e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will ument's effective date on the Department of State's records.	not be listed as the
Ada	option of Amendment(s) (CHECK ONE)	
Ø	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 9/9/15	
	Signature Sirah J Sullwan	
	(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)	
	Sirah T Sullvan (Typed or printed name of person signing)	
	President (Title of person signing)	