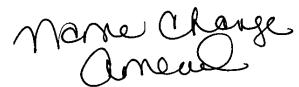
771274

•		
(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
نــٰ (Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

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10/12/09

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: Ocala Science	of Mind, Inc.	
DOCUMENT NUM	BER: 771274		
The enclosed Articles	of Amendment and fee are sub	mitted for filing.	
Please return all corre	spondence concerning this mat	ter to the following:	
	Rev. Marg	aret C. Hostetler	
	(Name of	Contact Person)	
	(Firm	/ Company)	
	1009 N	NE 28th Ave,	
	(4	Address)	
		Florida 34470 te and Zip Code)	
	` •	• ,	
		ec@earthlink.net d for future annual report notif	ication)
For further information	on concerning this matter, pleas	e call:	
Rev. Margaret C.	Hostetler	at (352) 629-38	397
(Name	of Contact Person)	(Area Code & Day	time Telephone Number)
Enclosed is a check f	or the following amount made p	ayable to the Florida Departme	ent of State:
	☐ \$43.75 Filing Fee & Certificate of Status	□ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amer Divis P.O.	ing Address adment Section ion of Corporations Box 6327 bassee, FL 32314	Street Address Amendment Section Division of Corpora Clifton Building 2661 Executive Cer	1 ations

Tallahassee, FL 32301

Articles of Amendment

to **Articles of Incorporation**

FILE	
------	--

of Religious Science Church of Marion County and ScienceS Oakbrook Life Enrichment Center

(Name of Corporation as currently filed with the Florida Dept. of State)

771274

A. If amending name, enter the new name of the corporation:

(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:

ontain the word "corporation" or "ind or "Co." may not be used in the name.	corporated" or the
olicable:	
(T ADDRESS)	
	
<u>:</u>	
<u>CE BOX</u>)	
revistered office address in Florida, et	nter the name of th
registered office address in Florida, en stered office address:	nter the name of th
stered office address:	nter the name of th
	nter the name of th
stered office address: Rev. Margaret C. Hostetler	nter the name of th
stered office address:	nter the name of th
stered office address: Rev. Margaret C. Hostetler	nter the name of th
)	r "Co." may not be used in the name. licable: T ADDRESS)

Page 1 of 3

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)

20

<u>Title</u>	Name	Address	Type of Action
			
			☐ Add☐ Remove
			□ n
E. If amen	ding or adding additional Artical distribution of the distribution	cles, enter change(s) here: (Be specific)	

The date of each amendment(s) adop	otion: September 20, 2009
• •	(date of adoption is required)
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
	(no more man 20 days after amenament) we dated
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopt was/were sufficient for approval.	ed by the members and the number of votes cast for the amendment(s)
There are no members or members adopted by the board of directors.	s entitled to vote on the amendment(s). The amendment(s) was/were
Dated_10/8/2009	·
Signature M	grelem Schneider
(By the cha have not be	irman or vice chairman of the board, president or other officer-if directors en selected, by an incorporator – if in the hands of a receiver, trustee, of appointed fiduciary by that fiduciary)
	Marilyn Schneider
	(Typed or printed name of person signing)
	Board President
	(Title of person signing)

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