(Req	uestor's Name)	
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PICK-UP	MAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	
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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: VisibN	ARIES, INCOrpoRA	ke d
DOCUMENT NUN	1BER: N1 000000	203	
The enclosed Article	es of Amendment and fee are s	ubmitted for filing.	
Please return all corr	respondence concerning this m	atter to the following:	
***	JESSE B.R.	of Contact Person)	
Th	IE Hope of Glos	zy Fellowship, Ind	corporated
***************************************	1248 N.W.36T	h Street (Address)	
	JAINESVILLE City/S	Horzida 32605 State and Zip Code)	
	, ,	SOUTH. NET	on)
For further informat	ion concerning this matter, plea	ase call:	
	B. Brows e of Contact Person)	at (352) 371-5 (Area Code & Daytime	Telephone Number)
Enclosed is a check	for the following amount made	e payable to the Florida Department of	f State:
□\$35 Filing Fee	□ \$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)
Am Div P.O	ling Address endment Section ision of Corporations Box 6327 ahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	FEE Alzeady Submitted



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 14, 2010

JESSE B. BROWN VISIONATIES, INCORPORATED 4248 NW 36TH STREET GAINESVILLE, FL 32606 CORRECTED NAME ahached.

SUBJECT: VISIONARIES, INCORPORATED

Ref. Number: N01000000203

We have received your document for VISIONARIES, INCORPORATED and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is N94000001712 - HOPE OF GLORY MINISTRIES, INC..

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton Regulatory Specialist II

Letter Number: 210A00001119

RECENVED DIDJAN 21 AM BEGO

Articles of Amendment to Articles of Incorporation of

VISIONARIES, INCOR	PORAted	
(Name of Corporation as currently filed with t	he Florida Dept. of St	ate) P.
NO1000000203		<i>*</i>
(Document Number of Corporati	on (if known)	
suant to the provisions of section 617.1006, Florida Statutes, following amendment(s) to its Articles of Incorporation:	this Florida Not For I	
If amending name, enter the new name of the corporation	<u>n:</u>	
The Hope of Glory Fellowship new name must be distinguishable and contain the word reviation "Corp." or "Inc." "Company" or "Co." may not	LN(02 DUR) "corporation" or "inc be used in the name.	ated corporated" or the
Enter new principal office address, if applicable:	606 N.1	U AIN STREET
incipal office address <u>MUST BE A STREET ADDRESS</u>)		11=1FL 32601
	<u> </u>	HELL SABO
Enter new mailing address, if applicable:	4748 13 11	2141 Chront
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	1 2 7 0 N · W	. 36th Street 11E, Florida 321
	GAINESVI	11E, FLORIDA 321
If amending the registered agent and/or registered office	address in Florida es	nter the name of the
new registered agent and/or the new registered office add		ner me name or me
Name of New Registered Agent:		
		
New Registered Office Address: (Florida street address)		
<u>New Registered Office Address:</u> (Flori		
<u>New Registered Office Address</u> : (Flori		Florida
New Registered Office Address: (Flori	(City)	, Florida (Zip Code)
	• • •	, Florida (Zip Code)
New Registered Office Address: (Flori Registered Agent's Signature, if changing Registered Agenty accept the appointment as registered agent. I am ition.	gent:	

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) <u>Name</u> **Title** Address **Type of Action** ☐ Remove ☐ Add ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

The date of each amendment(s) adoption	n: [2] 22 09
Effective date if applicable:	(date of adoption is required)
	o more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopted by was/were sufficient for approval.	by the members and the number of votes cast for the amendment(s)
There are no members or members en adopted by the board of directors.	titled to vote on the amendment(s). The amendment(s) was/were
Dated 12 2a	
(By the chairm have not been	an or vice chairman of the board, president or other officer-if directors selected, by an incorporator – if in the hands of a receiver, trustee, or ointed fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	Directon
	(Title of person signing)