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SECRETARY OF STATIONS DIVISION OF CORPORATIONS 10 DEC 20 PM 1:21

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COVER LETTER

TO: Amendment Section

Mailing Address

P.O. Box 6327

Amendment Section

Division of Corporations

Tallahassee, FL 32314

Division of Corporations THE MEETING PLACE WORSHIP CENTER INC NAME OF CORPORATION: DOCUMENT NUMBER: <u>N04000004734</u> The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: (Firm/Company) DARHONES 177@ AUL COM
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Rhone at (8/3) 671-3383

Contact Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: \$43.75 Filing Fee & □ \$35 Filing Fee □ \$43.75 Filing Fee & \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Street Address

Clifton Building

Amendment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

of

The Meeting Place	WORShip CENTER TNC urrently filed with the Florida Dept. of	<u>*</u> State)
N04000004734	Number of Corporation (if known)	
Pursuant to the provisions of section 617.100 he following amendment(s) to its Articles o		r Profit Corporation adopts
A. If amending name, enter the new name The BRI'dge of The B The new name must be distinguishable and abbreviation "Corp." or "Inc." "Company	ay Community Chy decontain the word "corporation" or "i	RCh INC incorporated" or the
3. Enter new principal office address, if a Principal office address <u>MUST BE A STR</u>		
C. Enter new mailing address, if applical (Mailing address MAY BE A POST OF		DIVISION OF CORPORA
D. If amending the registered agent and/onew registered agent and/or the new recommendation and the ne		enter the name of the 2
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if chan hereby accept the appointment as registe position.		cept the obligations of the
_	Signature of New Registered Agent, if a	 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>Title</u>	Name	<u>Address</u>	Type of Action
			☐ Add ☐ Remove
			Add Remove
			☐ Add ☐ Remove
(attach ac	ling or adding additional Ardditional Sheets, if necessary).	(Be specific)	tial to
The,	Bridge of The	A the Corporal Bay Community C	hurch, INC
<u> </u>			
water to the state of the state			

The date of each amendment(s) adoption: 12/13/20/0
Effective date if applicable: 4 date of dagption is required)
(no more than 90 days after amendment file date)
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 12/14/2010
Signature Ulta Phone
(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)
(Title of person signing)