N06000011302

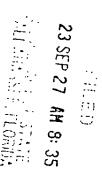
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PICK-UP	MAIL MAIL			
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(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				
	J. HORNE OCT 12 2023			





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COVER LETTER

TO: Amendment Section Division of Corporations God's Side Progressive Missionarry Baptist Church NAME OF CORPORATION: _ N06000011302 DOCUMENT NUMBER: _ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: (Name of Contact Person) Danny C. Osborne (Firm/ Company) God's Side Family Worship Center (Address) 8606 Hunter's Village Rd #256 Tampa Florida 33647 (City/ State and Zip Code) dcosborneoz@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Danny C. Osborne 9515940 (Daytime Telephone Number) (Name of Contact Person) Enclosed is a check for the following amount made payable to the Florida Department of State: □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation of

God's Side Progressive Missionary Baptist Church

23 Stp 27 11 0.36 (Name of Corporation as currently filed with the Florida Dept. of State) N06000011302 (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 corporation: God's Side Family Worship Center, Inc. name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. 20007 Nob Oak Avenue B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Tampa Florida 33647 C. Enter new mailing address, if applicable: 8606 Hunter's Village Rd #256 (Mailing address MAY BE A POST OFFICE BOX) Tampa Florida 33647 D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: (Florida street address) New Registered Office Address: Florida (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am 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	<u>PT</u> <u>V</u> <u>SV</u>	John Do Mike Jo Sally Sr	<u>nes</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address
1) Change Add		_		
Remove				
2) Change Add		_		
Remove 3) Remove Add Remove		_		
4) Change Add		_		
Remove				
5) Change Add		_		
Remove				
6) Change Add		_	<u> </u>	
Remove				
E. If amending or addin (attach additional shee	i <mark>g additio</mark> ts, if nece	onal Arti essary).	cles, enter change(s) here: (Be specific)	

••		
-		
		<u>.</u>
		
The date of each amendment(s) adoption: date this document was signed.		, if other than the
Effective date if applicable:		
(n	o more than 90 days after amendment file date)	
Note: If the date inserted in this block does document's effective date on the Department	not meet the applicable statutory filing requirements, this date will not be of State's records.	e listed as the
Adoption of Amendment(s)	CHECK ONE)	
The amendment(s) was/were adopted by was/were sufficient for approval.	y the members and the number of votes cast for the amendment(s)	

ptec		abers or members entitled to vote on the amendment(s). The amendment(s) was/were pard of directors.
	Dated	9/14/23
	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)
		Danny C. Osborne
		(Typed or printed name of person signing)
		President

COVER LETTER

TO: Amendment Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

God's Side Progress NAME OF CORPORATION:	sive Missionarry Baptis	t Church	
N06000011302 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are sub	omitted for filing.		
Please return all correspondence concerning this mat	ter to the following:		
	(Name of Contact Pe	rson)	
Danny C. Osborne			
	(Firm/ Company)	
God's Side Family Worship Center			
	(Address)		
8606 Hunter's Village Rd #256 Tampa Florida 3364	7		
	(City/ State and Zip (Code)	
dcosborneoz@gmail.com			
E-mail address: (to be use	ed for future annual rep	ort notification	1)
For further information concerning this matter, pleas	e call:		
Danny C. Osborne	at	813	9515940
(Name of Contact Person			(Daytime Telephone Number)
Enclosed is a check for the following amount made p	payable to the Florida I	Department of	State:
\$35 Filing Fee \$35 Certificate of Status	□\$43.75 Filing Fee of Certified Copy (Additional copy is enclosed)	Certifi Certifi	D Filing Fee cate of Status led Copy tional Copy is sed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of Corporations			

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810