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(Document Number)
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August 28, 2015

JARRED PARRIS 2715 SW 177TH PL RD OCALA, FL 34473

SUBJECT: BETHESDA WORSHIP CENTER INC.

Ref. Number: N08000006552

We have received your document for BETHESDA WORSHIP CENTER INC. and your check(s) totaling \$35.00. 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.

The document number of the name conflict is N15000003492.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

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) 245-6050.

Rebekah White Regulatory Specialist II

Letter Number: 815A00018300



Bethesda Center Inc. 294 Marion Oaks Lanc Ocala Florida 34473 Mailing: PO Box 771288 Ocala, Florida 34477 352.566.7586

FL Department of Corporation Amendment Section PO Box 6327 Tallahassee FI 32314

Rebekah White:

This letter is a written request for the immediate releasing of the Non-Profit corporate name "THE GLORY ZONE Inc." Our intention is to rebrand our organization under a new name. We mistakenly incorporated and file a new corporate under Document #N1500003492, juxtapose to amending our old corporation with a simple name change. We were instructed to dissolve the new corporation, and file an amendment along with this letter for name release.

Dissolution Receipt

Document Number N15000003#92

Thank you for filing your dissolution ordine. I sur-document filed date will be today's date if there are no processing errors

Your confirmation number is 4002763 Your charge amount is \$35:00

Blessings.

Pastor Jarred N. Parris

Chairman & CEO

Bethesda Center Inc.

Bethesda Institute Inc

Bethesda Worship Center Inc. Inc. www.bethesda-worship-center.org 352.566,7586

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Bethesda Cares Ministries Inc.

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Bethesda Wors	hip Center Inc.			
DOCUMENT NUMBER: NO8000006552				
The enclosed Articles of Amendment and fee are submitte	d for tiling			
·	-			
Please return all correspondence concerning this matter to	the following:			
Jar	red Parris			
(Na	me of Contact Person)			
Bethesd	a Worship Center			
	(Firm/ Company)			
2715 SW 177TH PLACE ROAD				
(Address)				
Oca	ala Fl 34473			
(City/ State and Zip Code)				
Info	@bwcfl.org			
E-mail address: (to be used for	future annual report notification)			
For further information concerning this matter, please call:				
Jarred Parris	at_352-566-7586			
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)			
Enclosed is a check for the following amount made payable	e to the Florida Department of State:			
(/	43.75 Filing Fee & S52.50 Filing Fee ertified Copy Certificate of Status Additional copy is nclosed) (Additional Copy is Enclosed)			
Mailing Address Amendment Section	Street Address Amendment Section			

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Fl. 32301

Articles of Amendment ţo Articles of Incorporation of

A. If amending name, enter the new name of the corporation: The Glory Zone Inc. mame must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "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 ADDRESS) Ocala FL 34473 C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) PO Box 771288	
(Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation a amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: The Glory Zone Inc. mame must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "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 ADDRESS) Ocala FL 34473 C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) PO Box 771288	+ Ai 10: 07
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(Mailing address MAY BE A POST OFFICE BOX)	
(Mailing address MAY BE A POST OFFICE BOX)	
Ocala FL 34477	***************************************
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:	<u>.</u>
Name of New Registered Agent: N/A	
(Florida street address) New Registered Office Address;	
, Florida	
(City) (Zip C	.ode)
New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the p	osition.
N/A	
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>Doe</u> Jones Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	<u>S</u>	Maria Constant	7239 SW 115th 7 Ocala FL 34476
Remove 2) Change Add	<u>S</u> _	RheaThomas	PO Box 771288 Ocala FL 34477
Remove 3) Change Add			
Remove 4) Change Add Remove			
5) Change Add Remove			
6) Change Add			
Remove			

	If amending or adding additional Art (attach additional sheets, if necessary).	icles, enter change(s (Be specific))	<u>) here</u> :				
	N/A						
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Th	e date of each amendment(s) ad	option: 07/05/2015	, if other than the
dat	e this document was signed.		
Eff	ective date <u>if applicable</u> :	N/A	
		(no more than 90 days after amendment file date)	
	te: If the date inserted in this bloc cument's effective date on the Dep	ek does not meet the applicable statutory filing requirements, this date wartment of State's records.	fill not be listed as the
Ad	option of Amendment(s)	(<u>CHECK ONE</u>)	
Đ	The amendment(s) was/were ad- was/were sufficient for approval	opted by the members and the number of votes cast for the amendment(s	8)
	There are no members or memb adopted by the board of directo	ers entitled to vote on the amendment(s). The amendment(s) was/were is.	
	Dated <u>07/05/2</u>	015	
	Signature		
	have not bee	not or vice chairman of the board, president or other officer-if directors in selected, by an incorporator ~ if in the hands of a receiver, trustee, or ppointed fiduciary by that fiduciary)	
		Jarred N Parris	
	***************************************	(Typed or printed name of person signing)	
		Chairman & CEO	
		(Title of person signing)	