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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: CHUNCH OF SCIENTOLOGY MISSION OF OCAL
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
SPAN DSRNZHL (Name of Contact Person)
(Name of Contact Person)
CHURCH OF SCIENTOLOGY MISSION OF OCALA-
(Firm Company)
50 98 1°5 AU8 (Address)
(Address)
OCALA FLORIDA 34471
(City/ State and Zip Code)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
SEAN DERNEILC at 352 380 8535 (Name of Contact Person) (Area Code) (Daytime Telephone Number)
(Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Certificate of Status Certified Copy (Additional Copy is Enclosed) Certified Copy (Additional Copy is Enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment 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 to Articles of Incorporation of

(Name of Corporation as currently file	MISSION OF OCALA, INC
NO 9000000 788	>
(Document Number of C	orporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes, this amendment(s) to its Articles of Incorporation:	Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation:	
NIA	The new
name must be distinguishable and contain the word "corporation" o "Company" or "Co." may not be used in the name.	r "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS)	Ţ,
	15 HOV 12 HOV.
Enter new mailing address, if applicable:	1/4
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	7/71
·	Ç.
D. If amending the registered agent and/or registered office add	ress in Florida, enter the name of the
new registered agent and/or the new registered office address	
Name of New Registered Agent: W/A	47-24-34
New Registered Office Address:	(Florida street address)
\sim	Divide
(Cit	y) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent	
hereby accept the appointment as registered agent. I am familiar	z with and accept the obligations of the position.
-1/4	
<u>//</u> //.	e 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>V</u> <u>Mik</u>	n <u>Doe</u> le Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>_p</u>	CHRISTOPHER A. BAUNGALD	
Add Remove			OCALA FL. 34471
2) Change	7	IRIS S. BANNOMONER	50 28125 AVE OCALA, FL. 24471
Add Remove 3)Change	3_	JENNIFFE GRANT	50 38 195 pare CXALA, FL. 34471
AddChangeAdd	P	38AN DERNEHL	50 921. ST INE OCALA FL. 34471
Remove 5) Change Add	_3_	DON SARVIS	50 SE 1° FUE OCALA, FL. 34471
Remove Change Add		DIAMA DERNEILL	29752 MELINDA OD#1323 BANCHO SANFA MASGARITA
Remove		Page 2 of 4	CA. 92688.

E. If amending or adding additional Arti- (attach additional sheets, if necessary).	(Be specific)				
				-	
			•		
APART AND					
	<u>,</u>				
					-
		<u> </u>			
		1			

	date of each amendment(s) adoption this document was signed.			FILED SECRETARY OF DIVISION OF CORP	if other than the
Eff	ective date <u>if applicable</u> :	6 NOV (no more than 90 days af	2015. Ter amendment file		110: 24
	e: If the date inserted in this block doe ument's effective date on the Departme		statutory filing req	uirements, this date will t	not be listed as the
Ado	ption of Amendment(s)	(CHECK ONE)			
দ্র	The amendment(s) was/were adopted was/were sufficient for approval.	by the members and the r	number of votes cas	st for the amendment(s)	
	There are no members or members en adopted by the board of directors.	ititled to vote on the amen	dment(s). The am	endment(s) was/were	
	Dated 6 MOU	2015		_	
	Signature		00	2	
	(By the chairman o have not been sele	r vice chairman of the borected, by an incorporator - ted fiduciary by that fiduciary	if in the hands of		
		Sean J (Typed or printed	d name of person s	el (
		Preside	7		

(Title of person signing)