## N150000 10226

(Re	questor's Name)	
(Ad	dress)	
	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		3/29 1/4

Office Use Only



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S. PRATHER

## Prather, Stacy

From: Cushing, Diane

**Sent:** Monday, August 29, 2022 10:42 AM

**To:** Prather, Stacy

**Subject:** FW: N21000008620

Stacy

This is one of your rejects for N15000010226. Please use this to file the name change. Thanks

Diane C. Cushing Senior Section Administrator Amendment Section Division of Corporations (850) 245-6913 (850) 245-6897 (Fax)

From: Deonne Jarrett <waymakerservicesllc@gmail.com>

Sent: Monday, August 29, 2022 10:13 AM

To: Cushing, Diane < Diane. Cushing@DOS. MyFlorida.com>; Deonne Jarrett < waymakerservices llc@gmail.com>

Subject: N21000008620

## EMAIL RECEIVED FROM EXTERNAL SOURCE

This letter is to confirm that I have no intention of revoking the dissolution for the above document number (Glory of Zion International Ministries, Inc.). Please feel free to contact me at the number below should you need further information. Thank you.

Sincerely.

Deonne Jarrett (954) 607-9776



July 29, 2022

THE ROCK OF THE LIVING WATERS LIFE CENTER, INC. 5409 SW 41ST STREET PEMBROKE PINES, FL 33023

SUBJECT: THE ROCK OF THE LIVING WATERS LIFE CENTER, INC.

Ref. Number: N15000010226

We have received your document for THE ROCK OF THE LIVING WATERS LIFE CENTER, INC. and your check(s) totaling \$43.75. 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 N21000008620.

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) 245-6939.

Letter Number: 622A00017030

Stacy Prather Regulatory Specialist III

www.sunbiz.org

www.sumbiz.org

Please Sci Corrected



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 27, 2022

THE ROCK OF THE LIVING WATERS LIFE CENTER, INC. DEONNE JARRETT 5409 SW 41ST STREET PEMBROKE PINES, FL 33023

SUBJECT: THE ROCK OF THE LIVING WATERS LIFE CENTER, INC.

Ref. Number: N15000010226

We have received your document for THE ROCK OF THE LIVING WATERS LIFE CENTER, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Name of the corporation must match as set forth in the Amendment

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's signature.

The registered agent must sign accepting the designation.

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) 245-6939.

Stacy Prather Regulatory Specialist III

Letter Number: 422A00014491

www.sunbiz.org

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATI	The Rock of the Li	ving Waters Life C	Center, In	c.		
DOCUMENT NUMBER:	N15000010226					
The enclosed Articles of Art	n <i>endment</i> and fee are sub	omitted for filing.				
Please return all correspond	ence concerning this mat	ter to the following	g:			
Deonne Jarrett						
	<del></del>	(Name of Contac	t Person)	<del></del>	<del></del>	
WayMaker Marketing and	Professional Services, LL	.c				
<del></del>		(Firm/ Comp	oany)			
5409 SW 41st Street						
		(Address	5)	_		
Pembroke Park, FL 33023						
		(City/ State and 2	Zip Code	)		
Waymakerservicesllc@gma	ail.com					
	-mail address: (to be use	d for future annual	report n	otification	)	
For further information con	cerning this matter, pleas	e call:				
Deonne Jarrett			954 at		607-9776	
	(Name of Contact Perso	n)		a Code)	(Daytime Telephone N	lumber)
Enclosed is a check for the	following amount made p	payable to the Flori	da Depai	tment of	State:	
☐ \$35 Filing Fee	≅\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing I Certified Copy (Additional copenclosed)	•	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)	
Mailing /	Address ent Section		Street A	ddress	OΠ	

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

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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	Classimon martina	<u> </u>	20
Articles	of Incorporation of	i	2022
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Torida D	Dept. of State)	(7) (7)	-29
	,	<u> </u>	
ıt Numbe	er of Corporation (if known)		.8 <del>I</del> A. 8:
a Statute	s, this Florida Not For Profit Corporation adopts the	Allowin 52	
<u>orporati</u>	ion:		
		The ne	v.
- corporat	ion" or "incorporated" or the abbreviation "Corp."	or "Inc."	
	5409 SW 41st Street, Pembroke Park, Ft. 33023		_
<u>)X</u> )	5409 SW 41st Street, Pembroke Park, FL 33023	- -	
office ac	ddress:		
conne I:	Jarrett		_
109 SW -	41st Street		
New Registered Office Address:			_
emborke	Park Florida 33023		
	(City) (Zip Code)	-	
I am jan	miliar with and accept the obligations of the position. $\int \int $		_
	red office a conne E c	Ilorida Dept. of State)  It Number of Corporation (if known)  a Statutes, this Florida Not For Profit Corporation adopts the orporation:  Corporation:  Superior of "incorporated" or the abbreviation "Corp."  5409 SW 41st Street, Pembroke Park, F1, 33023  DEPT State of Florida, enter the name of the office address:  Become E Jarrett  409 SW 41st Street  Florida suceraddessi  emborke Park  Florida 33023	In Number of Corporation (if known)  a Statutes, this Florida Not For Profit Corporation adopts the following or statutes, this Florida Not For Profit Corporation adopts the following or "incorporated" or the abbreviation "Corp." or "Inc."  5409 SW 41st Street, Pembroke Park, F1, 33023  Pred office address in Florida, enter the name of the office address:  reconne E Jarrett  409 SW 41st Street  Florida sucet address:  emborke Park

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	PT         John De           V         Mike Jo           SV         Sally Sr	<u>nes</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) <u>*</u> Change Add	<u>S/T</u>	Deonne E Jarrett	5409 SW 41st Street Pembroke Park, Ft. 33023
Remove			
2) Change Add	<u>S/T</u>	Ashley Hylton	5409 SW-41st Street Pembroke Park, F1, 33023
Remove 3 ) Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee		cles, enter change(s) here: (Be specific)	
Please see the attached.			

	<del></del>	
,		<del></del> _
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The date of each amendment	(8) adoption:	if other than the
date this document was signed.		If which takin the
	05/01/2022	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	<u> </u>
	tho more than 20 days after amenament free date)	
	is block does not meet the applicable statutory filing requirements, this date no Department of State's records.	will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/w was/were sufficient for ap	ere adopted by the members and the number of votes east for the amendment proval.	nt(s)

(Title of person signing)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were

THE SECTION OF