

N 1600000 7599

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

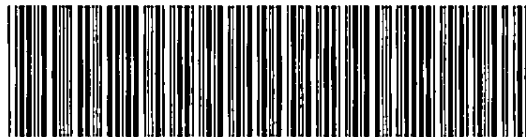
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FILED
2018 MAY - 2 AM 8:34
STATE DEPT OF STATE
TALLAHASSEE, FLORIDA

C. GOLDEN
MAY - 8 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 13, 2018

DR. MALCOLM CHRISTOPHER BLOWES
1001 GREENWOOD WAY
COCOA, FL 32922

SUBJECT: WON FAMILY FELLOWSHIP INC
Ref. Number: N16000007599

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You failed to make the correction(s) requested in our previous letter.

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.

Please check the appropriate box regarding the type of action.

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.

Claretha Golden
Regulatory Specialist II

Letter Number: 618A00007487

RECEIVED
18 MAY -2 PM 2:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 3, 2018

DR. MALCOLM CHRISTOPHER BLOWES
1001 GREENWOOD WAY
COCOA, FL 32922

SUBJECT: WON FAMILY FELLOWSHIP INC
Ref. Number: N16000007599

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

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.

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.

Claretha Golden
Regulatory Specialist II

Letter Number: 418A00006675

RECEIVED
18 APR 12 PM 1:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

FILED

2018 MAY -2 AM 8:34

WON FAMILY FELLOWSHIP INC

(Name of Corporation as currently filed with the Florida Dept. of State)

26053635004756

N1600000 7599

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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:

FAITH FAMILY FELLOWSHIP OF COCOA, INC.

The new

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.

B. Enter new principal office address, if applicable:

1001 Greenwood Way

(Principal office address **MUST BE A STREET ADDRESS**)

Cocoa

FL 32922

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

PO BOX 236411

Cocoa

FL 32923-6411

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:

N/A

N/A

(Florida street address)

New Registered Office Address:

N/A

(City)

Florida

N/A

(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.

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:

Change PT John Doe
 Remove V Mike Jones
 Add SV Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>presider</u>	<u>Phyllis Ann Blowes</u>	<u>1001 Greenwood Way</u> <u>Cocoa</u> <u>FL 32922</u>
2) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>Treasur</u>	<u>Malcolm Blowes</u>	<u>1001 Greenwood Way</u> <u>Cocoa</u> <u>FL 32922</u>
3) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>Secreta</u>	<u>Reginald Jones</u>	<u>445 Oxford Avenue</u> <u>Merritt Island</u> <u>FL 32953</u>
4) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>Officer</u>	<u>Bruce Black</u>	<u>3750 Atlanta Street</u> <u>Cocoa</u> <u>FL 32926</u>
5) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>Officer</u>	<u>John Mock</u>	<u>2600 Clearlake Road #10</u> <u>Cocoa</u> <u>FL 32922</u>
6) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>Officer</u>	<u>Debbie Mock</u>	<u>2600 Clearlake Road #10</u> <u>Cocoa</u> <u>FL 32922</u>

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

N / A

