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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Celebration	Baptist Church of Jacksonvil	le, Florida, Inc.
DOCUMENT NUM	BER: <u>N97000003977</u>		····
The enclosed Articles	of Amendment and fee a	are submitted for filing.	
Please return all corre	spondence concerning th	is matter to the following:	
Meliss	a Penrod		
	(Name	of Contact Person)	
Celebra	ation Baptist Church		
	(Fi	rm/ Company)	
13720	McCormick Road	, , , , , , , , , , , , , , , , , , ,	
		(Address)	
Jackso	onville, FL 32225		<u> </u>
For further information	on concerning this matter,	state and Zip Code) please call:	
Melissa Penrod		at (<u>904</u>) <u>220-272</u>	
(Name of	Contact Person)	(Area Code & Daytime	e Telephone Number)
Enclosed is a check for	or the following amount n	nade payable to the Florida Dep	partment of State:
\$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	▼ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) ▼ \$\frac{1}{2}\$ ▼ \$1
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center C	ircle

Tallahassee, FL 32301

EFFECTIVE DATE

Articles of Amendment to Articles of Incorporation

(Name of Corporation as curre			
(Document Num	1970000039		
arsuant to the provisions of section 617.1006, le following amendment(s) to its Articles of Inc.	Florida Statutes,		ofit Corporation adop
. If amending name, enter the new name of	the corporation	<u>:</u>	
aithBridge Church, Inc. he new name must be distinguishable and co bbreviation "Corp." or "Inc." <u>"Company" or</u>			rporated" or the
Enter new principal office address, if appl Principal office address <u>MUST BE A STREE</u>			
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC			
. If amending the registered agent and/or renew registered agent and/or the new regis			er the name of the
Name of New Registered Agent:			_
New Registered Office Address:	(Floria	la street address)	_
-		(City)	_, Florida (Zip Code)
ew Registered Agent's Signature, if changin hereby accept the appointment as registered isition.			t the obligations of th
	ignature of New I	Registered Agent, if char	nging

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) Address **Type of Action** <u>Title</u> <u>Name</u> _ 🗖 Add _ 🗖 Remove Add Remove _____ 🖵 🗖 Add ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

The date of each amendmen	t(s) adoption: December 14, 2008
Effective date <u>if applicable</u> :	January 1, 2009
	(no more than 90 days after amendment file date)
•	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/we was/were sufficient for app	re adopted by the members and the number of votes cast for the amendment(s) roval.
There are no members or adopted by the board of dis	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.
Dated_Dec	ember 14, 2008
Signature	Durhife
hav	the chairman or vice chairman of the board, president or other officer-if directors e not been selected, by an incorporator – if in the hands of a receiver, trustee, o er court appointed fiduciary by that fiduciary)
	Paul White
	(Typed or printed name of person signing)
	President
	(Title of person signing)

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