I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JAMES S. SULLIVAN, JR.

Electronic Signature of Signing Officer/Director Detail

SIGNATURE: Electronic Signature of Registered Agent

Officer/	Dire	ctor	Detail	:

Title	PRES	Title	VP
Name	SULLIVAN, JR., JAMES SDR.	Name	BONE, EDSEL M
Address	167 CREST VIEW CIRCLE	Address	421 S. 6TH STREET
City-State-Zip:	RINGGOLD GA 30736	City-State-Zip:	MCCLENNY FL 32063
Title	DOE	Title	EXE. VICE PRESIDENT
Title Name	DOE SULLIVAN, BRET MDIRECTO	Title Name	EXE. VICE PRESIDENT TRIMBLE, JAY P. DR.
Name	SULLIVAN, BRET MDIRECTO 105 WILLOWBROOK DR.	Name	TRIMBLE, JAY P. DR.

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

P.O. BOX 176 ROSSVILLE, GA 30741

Entity Name: COVINGTON THEOLOGICAL SEMINARY, INC.

FEI Number: 58-1554537 Name and Address of Current Registered Agent:

BONE, EDSEL MDR. 421 S. 6TH STREET MCCLENNY, FL 32812 US

DOCUMENT# 740181

FT. OGLETHORPE, GA 30742

Current Mailing Address:

1168 CROSS ST

Current Principal Place of Business:

FILED Jan 17, 2017 Secretary of State CC3612757350

Date

Certificate of Status Desired: Yes

PRESIDENT

01/17/2017

Date