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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Monarch 1	Uinistries, Inc.	
DOCUMENT NÚM	BER: NO1000008	.25	· •
The enclosed Article	s of Amendment and fee are sul	bmitted for filing.	
Please return all corre	espondence concerning this mat	ter to the following:	
	1.40	SEWELL	
		Contact Person)	
	(Firm	n/ Company)	
	·	• • •	
	1507 SUNN	(MEADE DR. Address)	
	(Address)	e .a
	JACKSONVILLE	FLORIDA 32211	v
	(City/ Sta	FLURIDA 32211 tte and Zip Code)	
	AA AA AACH MIDII	CTOLECIAL DON CACT	Condition of the second
***************************************	E-mail address: (to be use	STHESE COMCAST.C	tion)
For further informatic	on concerning this matter, pleas	-	•
44			
	Sewal	at (404) 434 (Area Code & Daytin	-9582
(Name	of Contact Person)	(Area Code & Daytin	ne Telephone Number)
	or the following amount made p	payable to the Florida Department	of State:
\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	Street Address	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section		Street Address Amendment Section	and the second s
Division of Corporations P.O. Box 6327		Division of Corporation Clifton Building	ns
Tallahassee, FL 32314		2661 Executive Center Tallahassee, FL 32301	

Articles of Amendment Articles of Incorporation

MONARCH MINISTRIES.INC (Name of Corporation as currently filed with the Florida Dept. of State) (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: 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: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: (Florida street address) Florida (City) (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. 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)

<u>Title</u>	Name	Address	Type of Action
0_	Roy, Lansing	1710 Shadswood Ln Jackson ille the	Add Remove
			Add Remove
	· · · · · · · · · · · · · · · · · · ·		
E. If amer (attach d	nding or adding additional Articles, on additional sheets, if necessary). (Be s	enter change(s) here: Specific)	

The date of each amendment(s) a	doption:
•	(date of adoption is required)
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were add was/were sufficient for approval	opted by the members and the number of votes cast for the amendment(s)
There are no members or membadopted by the board of director	bers entitled to vote on the amendment(s). The amendment(s) was/were rs.
Dated	1-1-11
Signature	KABer:
	chairman or vice chairman of the board, president or other officer-if directors
	been selected, by an incorporator – if in the hands of a receiver, trustee, or
other cou	urt appointed fiduciary by that fiduciary)
	Kimberly A. Benjamin (Typed or printed name of person signing)
	(1 yped or printed name of person signing)
	VP
	(Title of person signing)

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