N04000001296

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TO: Amendment Section **Division of Corporations**

NAME OF CORPORATION:	Galilee Ministries C	haplaincy & Pastora	al University, In	c.	
	000001296				
DOCUMENT NUMBER:					
The enclosed Articles of Amenda	nent and fee are subm	itted for filing.			
Please return all correspondence	concerning this matter	to the following:			
Dr. Jacqueline Narcisse					
	(Name of Contact Pe	erson)		
Galilee Ministries Chaplaincy &	Pastoral University, In	ne			
		(Firm/ Company	<i>(</i>)		
3075 West Oakland Park Blvd S	uite 205				
		(Address)			
Oakland Park, Florida 33311					
	(City/ State and Zip	Code)		
galileeministry@yahoo.com					
E-mai	l address: (to be used	for future annual rep	ort notification)	
For further information concerning	ig this matter, please c	all:			
Dr Jacqueline Narcisse		at	754-368-3452		
(Nar	me of Contact Person)		(Area Code)	(Daytime Telephone Nun	ıber)
Enclosed is a check for the follow	ving amount made pay	able to the Florida I	Department of S	itate:	
	\$43.75 Filing Fee & C Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy i enclosed)	Certifi s Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)	

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 Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Galilee Ministries Chaplaincy & Pastoral University, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N04000001296 (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: name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp. "Company" or "Co." may not be used in the name. 3075 W Oakland Park Blvd Suite 205 B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Oakland Park, Florida 33311 C. Enter new mailing address, if applicable: 3075 W Oakland Park Blvd Suite 205 (Mailing address MAY BE A POST OFFICE BOX) Oakland Park, Florida 33311 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: 3075 W Oakland Park Blvd Suite 205 (Florida street address) New Registered Office Address: Oakland Park 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)

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 <math>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	<u>PT</u> <u>V</u> <u>SV</u>	John Do Mike Jo Sally Sn	nes		
Type of Action (Check One)	<u>Title</u>		Name		Address
1) Change		_		_	
Add				-	
Remove				-	
2) Change		_		_	
Add				_	
Remove				-	
3) Change		_		-	
Ad d				_	
Remove				-	
4) Change		_		_	, , , , , , , , , , , , , , , , , , ,
Add				_	
Remove				_	
5) Change		_		_	
Add				_	
Remove				_	
6) Change		_		_	
Add				_	
Remove				_	

(attach additional sheets, if necessary)	. (Be specific)			
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-	, <u></u> ,		 	

		10/10/2016	
	e date of each amendment e this document was signed		, if other than the
	ective date <u>if applicable</u> :	10/10/2016	
		(no more than 90 days after amendment file date)	
Not doc	te: If the date inserted in thument's effective date on the	is block does not meet the applicable statutory filing requirements, this date will be Department of State's records.	not be listed as the
Ada	option of Amendment(s)	(CHECK ONE)	
	The amendment(s) was/w was/were sufficient for ap	ere adopted by the members and the number of votes cast for the amendment(s) proval.	
	There are no members or adopted by the board of d	members entitled to vote on the amendment(s). The amendment(s) was/were lirectors.	
	Dated	2016	
	Signature	aguetus Parane	····
	/Have n	chairman or vice chairman of the board, president or other officer-if directors of been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)	
	Dr.	Jacqueline Narcisse	
		(Typed or printed name of person signing)	
	_	President	
	 -	(Title of person signing)	