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#### **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:		My Jest Inc
DOCUMENT NUMBER: No 90000	2018	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of Amendment and fee are su	bmitted for filing.	
Please return all correspondence concerning this man	tter to the following:	
Willie O. Rob (Name o	f Contact Person)	<del></del> -
(Firm	n/ Company)	· • · · · · · · · · · · · · · · · · · ·
2800 University	Address)	± /43
Jeaksenville, FL (City/Sta	32216 ate and Zip Code)	<del></del>
Gewitt @ dewitt. E-mail address: (to be use	ro binson.com ed for future annual report notif	ication)
For further information concerning this matter, pleas	se call:	
(Name of Contact Person)	at ( 90 4 ) 53 (Area Code & Day	6-55-6 time Telephone Number)
Enclosed is a check for the following amount made	payable to the Florida Departme	ent of State:
□\$35 Filing Fee	□ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address  Amendment Section	Mailing Address Street Address	
Division of Corporations	Division of Corporations	
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

#### **Articles of Amendment**

### Articles of Incorporation of

T	_	
(Name of Corporation as currently	<del></del>	
		0 0 1
N090000		
(Document Number o	of Corporation (if known)	હ
ursuant to the provisions of section 617.1006, Floride following amendment(s) to its Articles of Incorporate		rofit Corporation adop
If amending name, enter the new name of the	corporation:	-
The Trans Church	. In	
he new name must be distinguishable and contain	n the word "corporation" or "ince	orporated" or the
bbreviation "Corp." or " Inc." <u>"Company" or "Co</u>	o," may not be used in the name.	•
. Enter new principal office address, if applicable	la.	
Principal office address MUST BE A STREET AD		<del></del>
		********
	<del></del>	
. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<i>OX</i> )	<del></del>
	<del> </del>	<del></del>
<ul> <li>If amending the registered agent and/or registered agent and/or the new registered</li> </ul>		er the name of the
new registered agent and/or the new registered	1 office address:	
Name of New Registered Agent:		<del></del>
New Registered Office Address:	(Florida street address)	<del></del>
Hew Registered Office Hadress.	(1 tortua sireet adaress)	
		_, Florida
	(City)	(Zip Code)
ew Registered Agent's Signature, if changing Re	egistered Agent:	
hereby accept the appointment as registered agerosition.		ot the obligations of th
<del></del>	ON D. L.	<del></del>
Signati	ure of New Registered Agent, if cha	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 Title Name** \_ 🔲 Add ☐ Remove ☐ Remove Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

The date of each amendment(s) adoption: Monday August 24, 2009
(date of adoption is required)
Effective date if applicable: Monday August 24, 2009  (no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
Dated Monday, August 24, 2009 Signature Willia D. R. C. II
(By the chairman or vice chairman of the board, president or other officer-if director have not been selected, by an incorporator – if in the hands of a receiver, trustee, of other court appointed fiduciary by that fiduciary)
Minister (Typed or printed name of person signing)
Minister   Oirector  (Title of person signing)

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