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COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPO	RATION:	emedy	Church	Inco
DOCUMENT NUMI	RATION:	09000	00 8405	
The enclosed Articles	of Amendment and fee are s	ubmitted for fi	ling.	
Please return all corre	spondence concerning this m	atter to the follow	lowing:	
	John (Name	of Contact Per	son)	Tri
	Remodi	m/ Company)	ch Into	
	8550 Argyle	Busin (Address)	es loop	Unit-1708
	Jacksonville (City/S	tale and Zip Co	32244 ode)	<u> </u>
	E-mail address: (to be u	sed for future a	a.c. a. Com annual report notif	ication)
For further informatio	n concerning this matter, ple	ase call:		
John No (Name	of Contact Person)	at ((Area Code & Day	time Telephone Number)
Enclosed is a check for	or the following amount made	payable to the	: Florida Departme	ent of State:
	☐ \$43.75 Filing Fee & Certificate of Status	Certified (Addition enclose	l Copy mal copy is d)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amen Divisi P.O. B	ng Address dment Section on of Corporations lox 6327 assee, FL 32314	ļ	Street Address Amendment Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	tions - ter Circle

Articles of Amendment to Articles of Incorporation

Articles of Incorp	oration	
Remedy Churc	d Inca	\$1°
(Name of Corporation as ourrently filed with	h the Florida Dept. of State)	10, 19
N0900000 840		[%] رُرُرُرُرُرُرُرُرُرُرُرُرُرُرُرُرُرُرُ
(Document Number of Corpor	ation (if known)	9
Pursuant to the provisions of section 617.1006, Florida Statute the following amendment(s) to its Articles of Incorporation:	es, this <i>Florida Not For Profi</i>	t Corporation adopts
A. If amending name, enter the new name of the corporati	ion:	
The new name must be distinguishable and contain the wor abbreviation "Corp." or "Inc." "Company" or "Co." may n		orated" or the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	8550 Argyle Unit 1708	Business Loop
	Jacksonville	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PO Box 4423	255
	Jacksonville	FL 32222
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a		he name of the
Name of New Registered Agent:		
New Registered Office Address: (Flo	rida street address)	
	•	lorida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I an position.		ne obligations of the
Signature of Ne	w Registered Agent, if changir	 gg

Page 1 of 3

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	<u>Address</u>	Type of Action
President President	Tohn No Consono Sr.	3351 for Field Points Drive Orange Park, FL 3200	Add Remove
President	John No Conscens Fro	8550 Arosk Rudner Le Wast 1708 Jacksonville , FL 3	Add Remove
			_
	ing or adding additional Articles, enter		
(attach ad	ditional sheets, if necessary). (Be speci	fic)	
			
			<u></u>
			
			

The date of each amendment(s) adoption: 12/5/2010	
(date of adoption is required)	
Effective date if applicable: 12/5/20/0 (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 12/5/2010	
Signature Signature	
(By the chairman or vice chairman of the board, president or other officer-if direct have not been selected, by an incorporator — if in the hands of a receiver, trusted other court appointed fiduciary by that fiduciary)	tors e, or
Tohn No Laurence Tro (Typed or printed name of person signing)	
(Title of person signing)	