N09985

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R. WHATE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATI	ON:	R FOR THEOLOGICAL	STUDIES, INC.	
DOCUMENT NUMBER:	N09985			
The enclosed Articles of Ar		mitted for filing.		
Please return all correspond	lence concerning this mat	ter to the following:		
KATHY KWOK				
		(Name of Contact Person	1)	
NEIL J MORNICK, CPA				
		(Firm/ Company)		
11440 N KENDALL DRIV	/E. #204			
		(Address)		==
MIAMI, FL 33176				
		(City/ State and Zip Cod	e)	
KATHY@NJMCPA.COM				
"	E-mail address: (to be use	d for future annual report	notification)	
For further information con	cerning this matter, please	e call:		
KATHY KWOK			5-598-2224	
	(Name of Contact Person	(A)	rea Code) (Daytime Te	elephone Number)
Enclosed is a check for the	following amount made p	ayable to the Florida Dep	artment of State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)	
Mailing A			Address	

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810

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Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Artic	des of Incorporatio	7. Ta
FLORIDA CENTER FOR THEOLOGICAL STUDIES.		15 -1 3:5:
(Name of Corporation as currently filed with the Florid		
N09985	, in the second	
(Document Nur	nber of Corporation	(if known)
Pursuant to the provisions of section 617.1006, Florida Stat amendment(s) to its Articles of Incorporation:	utes, this <i>Florida N</i>	ot For Profit Corporation adopts the followin
A. If amending name, enter the new name of the corpor	ration <u>:</u>	
N/A		The new
name must be distinguishable and contain the word "corpo	ration" or "incorpo	
"Company" or "Co." may not be used in the name.	N/A	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES	-	
(Principal office address <u>Stost BE A STREET ADDRES</u>	<u></u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
(Mailing duaress MAT BE A FOST OFFICE BOX)	-	
D. If any district the maintained and any district the second and	ee aaddaan in 19a	mid
 If amending the registered agent and/or registered of new registered agent and/or the new registered office 		rida, enter the name of the
Name of New Registered Agent: N/A		
wante of New Registered Agent.		· · · · · · · · · · · · · · · · · · ·
	. <u>. </u>	(Florida street address)
New Registered Office Address:		
N/A		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Register	ed Agent:	
I hereby accept the appointment as registered agent. I am		cept the obligations of the position.
·		
	Signature of New R	egistered 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 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>V</u> <u>Mik</u>	n Doe e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	СНР	SIMS, MARK	1077 NE 98 STREET MIAMI SHORES, FL 33138
 X Remove 2) Change Add 	<u>VCH</u>	MCGOWAN, GREG	500 E BROWARD BLVD, #2100 FT. LAUDERDALE, FL 33394
X Remove 3) Change Add X Remove	S-T	BATCHERLOR, SANDY	5900 LAGORCE DRIVE MIAMI BEACH, FL 33140
4) Change Add	VP	SHOAF, DIANE	
Remove 5) Change Add	<u>S-T</u>	IANNONE. JOSEPH	
Remove 6) Change Add			
E. If amending or add (attach additional sh		Articles, enter change(s) here:). (Be specific)	
			

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The date of each amendment date this document was signed	(s) adoption:	, if other than the
Effective date <u>if applicable</u> :	JUNE 15, 2020	
Effective date <u>if applicable</u> .	(no more than 90 days after amendment file date)	
	is block does not meet the applicable statutory filing requirem the Department of State's records.	nents, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/was/were sufficient for ap	rere adopted by the members and the number of votes east for oproval.	the amendment(s)

Dated	JUNE 15, 2020
Signature	e Rev. Dr. Patrick 71. i Jule
_	(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	PATRICK H. O'NEILL
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were

adopted by the board of directors.