NI 000000B692

(Re	questor's Name)					
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP	MAIT	MAIL				
(Bu	siness Entity Nan	ne)				
(Document Number)						
Certified Copies	_ Certificates	s of Status				
Special Instructions to Filing Officer:						

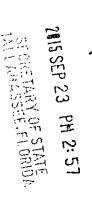
Office Use Only



200277117022

09/23/15--01014--022 **52.50

FILING CANCELLED RETURNED CHECK



SEP 2 8 2015 C. CARROTHERS COVER LETTER

TO: Amendment Section
Division of Corporations

CHAPLAINS COLLEGE SCHOOL OF PASTORAL MINISTRY NAME OF CORPORATION: DOCUMENT NUMBER: N1000009692-1/1 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Dr. Dale A. Scadron (Name of Contact Person) (Firm/ Company) 13061 Rosedale Hwy Suite G-141 (Address) Bakersfield, CA 933143 (City/ State and Zip Code) chaplain2000@aol.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: DR. DALE SCADRON 661 910-1493 (Name of Contact Person) (Daytime Telephone Number) (Area Code) Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & ■\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy

enclosed)

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

(Additional Copy is Enclosed)

FILING CANCELLED RETURNED CHECK ED

Articles of Amendment to Articles of Incorporation

2815 SEP 23 PM 2: 57

of

F STATE FLORIDA

CHAPLAINS COLLEGE SCHOOL OF PASTORAL MINIS	ALLAHASSEF.	
(Name of Corporation as curren	tly filed with the Florida Dept.	of State)
(Document Numb	er of Corporation (if known)	
Pursuant to the provisions of section 617,1006, Florida Statute amendment(s) to its Articles of Incorporation:	s, this <i>Florida Not For Profit Co</i>	orporation adopts the following
A. If amending name, enter the new name of the corporati	on:	
SIGNET BIBLE COLLEGE AND THEOLOGICAL SEMIN.	ARY	The new
name must be distinguishable and contain the word "corporat "Company" or "Co." may not be used in the name	ion" or "incorporated" or the ai	
B. Enter new principal office address, if applicable:	13061 Rosedale Hwy Suite G-1	41
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Bakersfield, CA 933143	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Same	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered of fice as	e address in Florida, enter the ddress:	name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fan		ions of the position.
Si _t	gnature 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 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 Doe Mike Jones Sally Smith	FILING CANCELLED RETURNED CHECK
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change		NOT APPLICABLE	
Add			
Remove			
2) Change		NOT APPLICABLE	
Add			
Remove			
3) Change		NOT APPLICABLE	
Add			
Remove			
4) Change		NOT APPLICABLE	
Add			
Remove			
5) Change		NOT APPLICABLE	
Add			
Remove			
6) Change		NOT APPLICABLE	
Add			
Remove			

FILING CANCELLED E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) RETURNED CHECK NOT APPLICABLE NOT APPLICABLE **NOT APPLICABLE** NOT APPLICABLE NOT APPLICABLE

NOT APPLICABLE

FILING CANCELLED
RETURNED CHECK

		09/11/2015	RETURNED CHECK	
	date of each amendmen			, if other than the
Jaic	this document was signe			
Effe	ective date <u>if applicable</u> :	10/30/2015		
	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		days after amendment file date)	
Not doc	te: If the date inserted in ument's effective date on	this block does not meet the app the Department of State's recor	plicable statutory filing requirements, this date will neds.	ot be listed as the
Ada	option of Amendment(s)	(<u>CHECK ONE</u>)		
	The amendment(s) was/was/were sufficient for a		and the number of votes cast for the amendment(s)	
	There are no members of adopted by the board of		ne amendment(s). The amendment(s) was/were	
	Dated	11/2015		
	Signature	DIA		
	have		the board, president or other officer-if directors porator – if in the hands of a receiver, trustee, or nat fiduciary)	
	Г	Dale A. Scadron		
	_	(Typed or	r printed name of person signing)	
	P	resident		
	_		(Title of person signing)	