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COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Theology of the NAME OF CORPORATION:	Body Healing and Trai	ning Center,	Inc.	
10000010820 DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee are s	ubmitted for filing.			
Please return all correspondence concerning this ma	atter to the following:			
Duane Daunt				
	(Name of Contact Per	rson)		
John Paul II Healing Center				
	(Firm/ Company)			
2910 Kerry Forest Pkwy, Ste D4-344				
	(Address)		· · · · · ·	
Tallahassee, FL 32309				
	(City/ State and Zip C	lode)		
ddaunt@jpiihealingcenter.org				
E-mail address: (to be u	sed for future annual repo	ort notification)	
For further information concerning this matter, plea	ase call:			
Kristen Blake	at	850	322-5541	
(Name of Contact Pers	son)	(Area Code)	(Daytime Telephone Number)	
Enclosed is a check for the following amount made	payable to the Florida D	epartment of S	State:	
\$35 Filing Fee \$\sum \\$43.75 Filing Fee Certificate of State	& \$\subset\$\$ \$\subset\$\$ \$\text{Certified Copy}\$\$ (Additional copy is enclosed)	Certifi Certifi	O Filing Fee cate of Status led Copy lional Copy is sed)	
Mailing Address Amendment Section		Street Address Amendment Section		
Division of Corporations		ision of Corpe		

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Theology of the Body Healing and Training Center, Inc.

(Name of Corporation as cu	urrently filed with the Florida Dept. of State)		
N10000010820			
(Document N	Number of Corporation (if known)		
ursuant to the provisions of section 617.1006, Florida S mendment(s) to its Articles of Incorporation:	statutes, this Florida Not For Profit Corporation adop	ts the folk	owing
. If amending name, enter the new name of the corp	poration:		
ohn Paul II Healing Center, Inc.		Tlte	new
ame must he distinguishable and contain the word "cor Company" or "Co," may not be used in the name. B. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDR		orp." or "i	'nc.''
, ,,			
		<u></u> <u> </u>	_ ⇔
. Enter new mailing address, if applicable:			S
(Mailing address MAY BE A POST OFFICE BOX	· · · · · · · · · · · · · · · · · · ·		_ Z
		<u> </u>	
		<u> </u>	밀
		O'AL	2:
 If amending the registered agent and/or registered new registered agent and/or the new registered of 		D.	95
Name of New Registered Agent:			
mane of her registered rigem.			
	(Florida street address)	-	
New Registered Office Address:			
	, Florida		
	(City) (Zip Cod	(e)	
w Registered Agent's Signature, if changing Regist reby accept the appointment as registered agent. I described the appointment as registered agent.	tered Agent: am familiar with and accept the obligations of the post	tion.	
	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 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: XChange X Remove X Add	PT John Do V Mike Jo SV Sally Si	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address/
1) Change			
Add		<u>/</u>	
Remove			
2) Change			
Add			
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	e this document was signed.	, if other than the
EM	ective date if applicable:	
	(no more than 90 days after amendment file date)	
Not loc	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will no tument's effective date on the Department of State's records.	t be listed as the
٩d٥	option 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.	
8	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 august 21, 2018	
	Signature + Dan J Jacoba	<u></u>
	(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)	
	+ SAM G. JACOBS	
	(Typed or printed name of person signing)	
	CHairman	
	(Title of person signing)	