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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: MYDELIGHT	r'S CHRISTIAN BIB	LE SCHOOLS, INC.			
DOCUMENT NUMBER: N130000028					
The enclosed Articles of Amendment and fee are so					
Please return all correspondence concerning this ma	atter to the following:				
EV	ONITA JOHNSO	N			
	Name of Contact Person	1			
MYDELIGHT'S (CHRISTIAN BIBL	E SCHOOLS, INC.			
Firm/ Company					
32	325 E. HIGHLAND ST				
A L T A B 40	Address				
AL I AMC	ALTAMONTE SPRINGS, FL 32701				
	City/ State and Zip Cod	e			
ejohnson181@cfl.rr.					
E-mail address: (to be u	ised for future annual report	notification)			
For further information concerning this matter, plea	ase call:				
Evonita Johnson	at (321	, 295-7566			
Name of Contact Person		de & Daytime Telephone Number			
Enclosed is a check for the following amount made	payable to the Florida Depa	artment of State:			
■ \$35 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 Address	Street	Address			
Amendment Section		Iment Section			
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building				
Tallahassee, FL 32314	2661 Executive Center Circle				

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation of

MYDELIGHT'S CHRISTI	AN BIBLE SCHOOLS, INC.	
(Name of Corporation as currently filed	d with the Florida Dept. of State)	ASS 24
N13000002850)	EN P
(Document Number of Co	orporation (if known)	FS E
Pursuant to the provisions of section 607.1006, Florida S its Articles of Incorporation:	statutes, this Florida Profit Corporation adopts the fo	Hewitte amendment(
A. If amending name, enter the new name of the corp	poration:	
N/A		The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the ab	"Inc," or "Co". A professional corporation name	the abbreviation
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDR</u>	<u>E33</u>)	
		
		
C. Enter new mailing address, if applicable:	N/A	
(Mailing address MAY BE A POST OFFICE BOX)		
		
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		
NI/A	ince address:	
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	, Florida	·
	(City) (Zip Co	xde)
N B		
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I described the signature of the sig		sition.
woop: appointment as regime ou agent. I t	oonganon of the pol	

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 <math>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	<u>PT</u> John	Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	SV Sally	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>T</u>	TSHWANDA THOMAS	543 SUN RIDGE PL. UNIT 108
Add			ALTAMONTE SPRINGS, FL. 32714
X Remove			
2) X Change	PDS	EVONITA JOHNSON	2231 SIPES AVE
Add			SANFORD, FL 32771
Remove			**Address change only**
3) Change	<u>V</u>	DWIGHT JOHNSON	2231 SIPES AVE
X			SANFORD, FL 32771
Remove			
4) X Change	T AD	TINA HOWELL	2231 SIPES AVE
Add			SANFORD, FL 32771
Remove			
5) Change	AT	ANTONIO FREEMAN	2231 SIPES AVE
X Add			SANFORD, FL 32771
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Artic (Attach additional sheets, if necessary).	
N/A	(2009-00)
······································	
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· · · · · · · · · · · · · · · · · · ·	
F. If an amendment provides for an exch provisions for implementing the amer (if not applicable, indicate N/A) N/A	nange, reclassification, or cancellation of issued shares, and and an analysis
	· ····

The date of each amendment		_, if other than the
date this document was signed Effective date if applicable:	7/14/13	_
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement and for each voting group entitled to vote separately on the amendment(s):	
	cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voling group)	
The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder	
7/2	22/13	
Dated		
	7/(//	
Signature		_
	By a director, president of other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court	
	pointed fiduciary by that fiduciary)	
	EVONTIA JOHNSON	
	(Typed or printed name of person signing)	_
	DIRECTOR/PRESIDENT/SECRETARY/REGISTERED AGENT	Γ

(Title of person signing)