N 13000005953

| (Re | equestor's Name) | | | |
|--------------------------|-------------------|-----------|--|--|
| (Address) | | | | |
| (Ad | dress) | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Bu | siness Entity Nan | ne) | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | of Status | | |
| Special Instructions to | Filing Officer: | | | |
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14 FEB 12 PH 8: 45
SECRETARY OF STATE
AND AHASSEE, FLORIDA

FFR 13 2014 C. CARROTHERS

COVER LETTER

| TO: Amendment Section Division of Corporations | | · · · · · · · · · · · · · · · · · · · |
|--------------------------------------------------------|--------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| Watermark Min | nistries, INC | |
| - · · · · · | | |
| N13000005953 DOCUMENT NUMBER: | | 100 |
| The enclosed Articles of Amendment and fee are sub | mitted for filing. | |
| Please return all correspondence concerning this matt | er to the following: | |
| Brett Morey | | |
| | (Name of Contact Person | 1) |
| WATERMARK MINISTRIES, INC. | | |
| | (Firm/ Company) | |
| 120 Cayman ST NE | | |
| | (Address) | |
| Lake Placid, FL 33852 | | |
| | (City/ State and Zip Code | e) |
| brett@bmorey.com | | |
| E-mail address: (to be use | d for future annual report | notification) |
| For further information concerning this matter, please | e call: | |
| Brett Morey | 863 | 441-2390 |
| (Name of Contact Person) | | ode & Daytime Telephone Number) |
| Enclosed is a check for the following amount made p | ayable 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 | | Address |
| Amendment Section Division of Corporations | | ment Section on Corporations |
| P.O. Box 6327 | | Building |
| Tallahassee, FL 32314 | | xecutive Center Circle |

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

WATERMARK MINISTRIES, INC.

14 FEB -12 PM 8: 45

| | | | PH 8: 4 |
|-----------------------------------------------------------------------------------------|----------------------|------------------------------------------|--------------------------------------------|
| (Name of Corporation as currently | v filed with the Flo | orida Dept. of State) | SECOL FACE |
| N13000005953 | | | SECRETARY OF STATE TALLAHASSEE, FLORIDA |
| | | | THELAHASSEE FLORIDA |
| (Docu | ment Number of C | orporation (if known) | |
| Pursuant to the provisions of section 617.1 amendment(s) to its Articles of Incorporati | | es, this <i>Florida Not For Profit</i> (| Corporation adopts the following |
| A. If amending name, enter the new nar | ne of the corporat | tion: | |
| EXPONENTIAL LIFE, INC. | | | _ |
| | | | The new |
| name must be distinguishable and contain | | ition" or "incorporated" or the | abbreviation "Corp." or "Inc." |
| "Company" or "Co." may not be used in B. Enter new principal office address, it | | N/A | |
| (Principal office address <u>MUST BE A ST</u> | |) | |
| | | | |
| | | | 4 bread We |
| C. Enter new mailing address, if applic (Mailing address MAY BE A POST O | | N/A | |
| | | | |
| | | | |
| D. If amending the registered agent and | Vor registered offi | ice address in Florida, enter th | e name of the |
| new registered agent and/or the new | | | e name of the |
| | N/A | | |
| Name of New Registered Agent: | | | |
| | | | |
| | | (Florida street address) | - 112 - 11 - |
| New Registered Office Address: | | (| |
| - " | N/A | | N/A |
| | | | orida |
| | (City) |) | (Zip Code) |
| | | | |
| New Registered Agent's Signature, if ch | | | |
| l hereby accept the appointment as registe | теа адепі. І ат Ја | иништ жин ана ассері іне обид | ganous of the position. |
| | | | |
| | Signature of New | Registered Agent, if changing | |

Page 1 of 4

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> V SV | John Doe Mike Jones Sally Smith | | |
|----------------------------------|----------------------|---------------------------------------|-------------|-----------------|
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | | <u>Addres</u> s |
| 1)Change | | N/A | | |
| Add Remove | | | | |
| 2) Change | | N/A | | |
| Add | | | | |
| Remove 3) Change | | N/A | | |
| Add | | | | |
| Remove | | N/A | | |
| 4) Change Add | | | | |
| Remove | | | | |
| 5) Change | | N/A | ····· | |
| Add Remove | | | | |
| 6) Change | | N/A | | |
| Add | | | | |
| Remove | | , | | |

| . If amending or adding additional Arti (attach additional sheets, if necessary). | (Be specific) |
|--------------------------------------------------------------------------------------|----------------------------------------|
| N/A | • |
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| | I'he date of each amendment(s) adoption:date this document was signed. | | |
|------------------|------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| TAGE. | -4i J-4- 17 | N/A | |
| enc | ctive date <u>if applicable:</u> | (no more than 90 days after amendment file date) | |
| Ado | ption of Amendment(s) | (CHECK ONE) | |
| | The amendment(s) was/w was/were sufficient for ap | rere adopted by the members and the number of votes cast for the amendment(s) oproval. | |
| | There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors. | | |
| February 6, 2014 | ruary 6, 2014 | | |
| | Signature | WHA WAS | |
| | (By the | chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary) | |
| Brett A. Morey | | | |
| | Presiden | (Typed or printed name of person signing) | |
| | | (Title of person signing) | |

TALLAHASSEE, FLORIDA