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| (Re                     | questor's Name)  |             |
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| PICK-UP                 | ☐ WAIT           | MAIL        |
| (Bu                     | siness Entity Na | me)         |
| (Do                     | cument Number    | )           |
| Certified Copies        | _ Certificate    | s of Status |
| Special Instructions to | Filing Officer:  |             |
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## COVER LETTER

TO: Amendment Section Division of Corporations

|  | **  |   |                    |  |  |
|--|---|---|--------------------|--|--|
| NAME OF CORPORATIO                       | IMMANUEL 7TH D                                  | AY ADVENTIST C  | HURCH,INC          |  |  |
|  | J17000001638                                    |   |                    |  |  |
| —<br>The enclosed <i>Articles of Ame</i> | ndment and fee are subm                         | itted for filing.   |                    |  |  |
| Please return all corresponden           | ice concerning this matter                      | to the following:   |                    |  |  |
| StellaSuarez-RitaEsq.                    |   |   |                    |  |  |
|  | (   | Name of Contact Pe  | rson)              |  |  |
| Law Office of StellaSuarez               | -Rita   |   |                    |  |  |
|  |   | (Firm/ Company  | )                  |  |  |
| 12783W. ForestHill Blvd, S               | uite9-A   |   |                    |  |  |
| <u> </u>                                 |   | (Address)   |                    |  |  |
| Wellington,FL 33414                      |   |   |                    |  |  |
|  | (1  | City/ State and Zip C   | lode)              |  |  |
| srita@ritalaw.us                         |   |   |                    |  |  |
| Ë-i                                      | mail address: (to be used f                     | for future annual rep   | ort notification   | )  |  |
| For further information conce            | rning this matter, please c                     | all:  |                    |  |  |
| StellaSuarez-Rita                        |   | at  | 561                | 586-5883   |  |
| C  | Name of Contact Person)                         |   | (Area Code)        | (Daytime Telephone Number)   |  |
| Enclosed is a check for the fol          | llowing amount made pay                         | able to the Florida D   | epartment of S     | State:   |  |
| □ \$35 Filing Fee                        | □S43.75 Filing Fee & □<br>Certificate of Status | S43.75 Filing Fee of Certified Copy (Additional copy is enclosed) | Certifi<br>Certifi | ) Filing Fee<br>cate of Status<br>ed Copy<br>ional Copy is<br>sed) |  |
| Mailing Ad                               | ldress  | Str   | eet Address        |  |  |

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

## IMMANUEL 7TH DAY ADVENTIST CHURCH, INC.

| (Name of Corporation as c   | urrently filed with the F  | Horida Dept. of State)    |  |
|---|----------------------------|---------------------------|--|
| N17000001638  |                            |                           |  |
| (Document   | Number of Corporation (i   | if known)                 |  |
| Pursuant to the provisions of section 617.1006, Florida Samendment(s) to its Articles of Incorporation:       | Statutes, this Florida Not | For Profit Corporation    | adopts the following                     |
| A. If amending name, enter the new name of the cor  | poration:                  |                           |  |
| Immanuel Christian Church, Inc.   |                            |                           | The new                                  |
| name must be distinguishable and contain the word "co<br>"Company" or "Co." may not be used in the name.      | rporation" or "incorpore   | ated" or the abbreviation |  |
| B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDR</u>  |                            | [A                        |  |
| C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>                 |                            | A                         | 2010 SEP                                 |
| D. If amending the registered agent and/or registere new registered agent and/or the new registered o         |                            | da, enter the name of th  | 10 10 10 10 10 10 10 10 10 10 10 10 10 1 |
| New Registered Office Address:  |                            | (Florida street address)  |  |
| <del></del>   | (City)                     | Floric                    | la<br>o <i>Code)</i>                     |
| New Registered Agent's Signature, if changing Regis<br>I hereby accept the appointment as registered agent. I | stered Agent:              |                           |  |
|   | Signature of New Re        | gistered Agent, if changi | ing                                      |

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 |              | Doe<br>Jones<br>Smith |                         |
|-----------------------------------|--------------|-----------------------|-------------------------|
| Type of Action<br>(Check One)     | <u>Title</u> | Name                  | <u>Addres</u> s         |
| 1) X Change                       | D            | Haroldo Pelicie       | 1531Drexel Road         |
| Add                               |              |                       | Lot 230                 |
| Remove                            |              |                       | West PalmBeach FL 33416 |
| 2) Change                         |              |                       |                         |
| Add                               |              |                       | <del></del>             |
| Remove                            |              |                       |                         |
| 3 ) Change                        |              |                       |                         |
| Add                               |              |                       |                         |
| Remove                            |              |                       |                         |
| 4) Change                         |              |                       |                         |
| Add                               |              |                       | · · ·                   |
|                                   |              |                       |                         |
| Remove                            |              |                       |                         |
| 5) Change                         |              |                       |                         |
| Add                               |              |                       |                         |
| Remove                            |              |                       |                         |
| 0 0                               |              |                       |                         |
| 6) Change                         | <del></del>  |                       |                         |
| Add                               |              |                       |                         |
| Remove                            |              |                       |                         |

| E. If amending or adding additional Articles, enter change(s) here: |  |
|---|--|
| (Mtach additional sheets, if necessary). (Be specific)              |  |
| N/A ·   |  |
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| The date of each amendment(s) adoption:   | , if other than the          |
|---|------------------------------|
| late this document was signed.  |                              |
| Effective date if applicable:   |                              |
| (no more than 90 days after amendment file date)  |                              |
| <b>Sote:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this dateoument's effective date on the Department of State's records.  | te will not be listed as the |
| Adoption of Amendment(s) ( <u>CHECK ONE</u> )   |                              |
| The amendment(s) was/were adopted by the members and the number of votes cast for the amendment was/were sufficient for approval.   | ent(s)                       |
| There are no members or members entitled to vote on the amendment(s). The amendment(s) was/w adopted by the board of directors.   | ere                          |
| Dated 09/13/2018  |                              |
| Signature Signature   |                              |
| (By the chairman or vice chairman of the board, president or other officer-if direct have not been selected, by an incorporator – if in the hands of a receiver, trustee other court appointed fiduciary by that fiduciary) |                              |
| JOSE LUIS PEDRAJA   |                              |
| (Typed or printed name of person signing)   |                              |
| PRESIDENT   |                              |
| (Title of person signing)   | —                            |