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R. WHITE

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COR AMND/RESTATE/CORRECT OR O/D RESIGN OASIS INTERNATIONAL SCHOOL OF THEOLOGY INC

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COVER LETTER

TO: Amendment Section
Division of Corporations

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NAME OF CORPORATIO		ONAL SCHOOL OF T	HEOLOGY	TNC
DOCUMENT NUMBER: _	N17000004024			
The enclosed Articles of Amu	endment and fee are subm	itted for filing.		
Please return all corresponde	nce concerning this matter	to the following:		
ANTHONY ROMUALDO		·		
		Name of Contact Person	<u>ж</u>)	
OASIS INTERNATIONAL	SCHOOL OF THEOLOG	Y INC		
		(Firm/ Company)		
14215 N FLORIDA AVE				
		(Address)		
TAMPA, FL 33613				
		City/ State and Zip Co	de)	
ANTONIOROMUALDO@I	MSN.COM			
E-	mail address: (to be used	for future annual repor	noulication	a)
For further information conce	ming this matter, please o	eall:		
AN'ITIONY ROMUALDO		8 at	13	453-0271
(Name of Contact Person)		trea Code)	(Daytime Telephone Number)
Englosed is a check for the fe	llowing amount made pay	able to the Florida Dep	partment of	State:
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Mailing Address Amendment Section Division of Corporations			t Address	
			idment Soct	

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

17 JUN -1 AM 9: 41

Articles of Amendment

	to	+3
	Articles of Incorporation	
	of	
OASIS INTERNATIONAL SCHOOL OF THEO	LOGY INC	
(Name of Corporation	as currently filed with the Plorid	a Dept. of State)
N17000004024		
(Docur	nent Number of Corporation (if kno	wn)
Pursuant to the provisions of section 617.1006, Flo amendment(s) to its Articles of Incorporation;	ridu Statutes, this <i>Florida Not For I</i>	Profit Corporation adopts the following
A. If amending name, enter the new name of the	e corporation:	
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam		or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applica (Principal office address <u>MUST BE A STREET A</u>		
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE</u>	BOX)	
		
D. If amending the registered agent and/or regi		nter the name of the
new registered agent and/or the new register Name of New Registered Agent:	ANTHONY ROMUALDO	
	14215 N FLORIDA AVE	
New Registered Office Address		ida street puldress)
	TAMPA	33613
	(City)	(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen	Registered Agent:	, ,
-	Signature of New Register	erel Agent If changing
	SIRIMINIE OF HEM KERISTEL	ea ngent, y enenging

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>V</u> Mik	n 120c te Jones y Smith	
Type of Action (Check One)	Title	Name	<u>Address</u>
1) X Change	Р	ANTHONY ROMUALDO	14215 N FLORIDA AVE
Add			TAMPA, FL 33613
Remove			
2) X Change	VP	MIDURI ROMUALDO	14215 N FLORIDA AVE
Add			TAMPA, FI. 33613
Remove			
3) X Change	CFO	ANDRE UNO ROMUALDO	14215 N FLORIDA AVI;
Add			TAMPA, FL 33613
Rumove			
4)Change			
AdJ			
Remove			
5) Change			-
Add			
Remove			
6)Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)				

Page 3 of 4

The date of each amendment(s date this document was signed.	, if other than the	
_	•	
Effective date <u>if applicable</u> : _	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	s blook does not meet the applicable statutory filling requirements, this date we Department of State's records.	ill not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were sufficient for app	re adopted by the members and the number of votes east for the amendment(sproval.	\$}
There are no members or n adopted by the board of dis	numbers entitled to vote on the amendment(s). The amendment(s) was/were rectors.	
Dated 5	-31-17	
Signature X	51,020,76	
have no	chairman or vice chairman of the Board, president or other officer-if directors of been selected, by an incorporator — if in the hands of a receiver, trustee, or ourt appointed fiduciary by that fiduciary)	ı
AN	THONY ROMUALIX)	
**************************************	(Typed or printed name of person signing)	
PRE	SIDENT	
_	(Title of person signing)	•