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TO: Amendment Section Division of Corporations CLINICAL PASTORAL EDUCATION INTERNATIONAL NAME OF CORPORATION: _ N18000013025 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: DALLAS E. SPEIGHT (Name of Contact Person) (Firm/ Company) 1860 PARADISE MOORINGS BLVD (Address) MIDDLEBURG, FL 32068 (City/ State and Zip Code) DALLAS.SPEIGHT@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 370-6865 863 RICHARD BEHERS (Daytime Telephone Number) (Name of Contact Person) (Area Code) Enclosed is a check for the following amount made payable to the Florida Department of State: □\$52.50 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & S35 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is (Additional Copy is enclosed)

Mailing Address

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

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

Enclosed)

Articles of Amendment to Articles of Incorporation of

FILED

CLINICAL PASTORAL EDUCATION INTERNATIONAL

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		5 6685.5
(<u>Name of Corporation as curre</u>	ntly filed with the Fl	FALLAHASSES FI
N18000013025		
(Document Nun	iber of Corporation (if	known)
Pursuant to the provisions of section 617,1006, Florida Statu amendment(s) to its Articles of Incorporation:	ites, this <i>Florida Not I</i>	For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpora	ution:	
	<u>-</u> _	The new
name must be distinguishable and contain the word "corpor "Company" or "Co," may not be used in the name.	ration" or "incorporat	ed" or the abbreviation "Corp" or "Inc."
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRES</u> :	Σ)	
	 	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)		
	_, _, _, _,	-
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office		a, enter the name of the
new registered agent and/or the new registered orace	audress.	
Name of New Registered Agent:		
	- 	Florida street address)
New Registered Office Address:		r ioriaa sireet aaaressi
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent—I am		pt the obligations of the position.
	Signature of New Reg	istered 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:

 $P \neq President; V \neq Vice President; T \neq Treasurer; S \neq Secretary; D \neq Director; TR \neq Trustee; C \neq Chairman or Clerk; CEO + Chief Executive Officer; CFO \neq Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held, President, Treasurer, Director would be PTD.$

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> <u>Mike</u>	i Doe e Jones v Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	DALLAS E. SPEIGHT	1860 PARADISE MOORINGS BL
X Add			MIDDLEBURG, FL 32068
Remove			
2) Change	TS	RICHARD BEHERS	8425 Tom Costine Rd
Add			Lakeland, FL 33809-2501
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

. <u>If amending or addir</u> (attach additional shec	ets, if necessary).	(Be specific)				
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The	date of each amendment(s) adoption:	if other than the
	this document was signed.	
Effe	ective date <u>if applicable</u> : 21 Dec 2016 (no more than 90 days after amendment file date)	
	e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not ument's effective date on the Department of State's records.	t be listed as the
\$ de	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.	
	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	
	Signature Males Signature	_
	(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)	
	DALLAS E. SPEIGHT	
	(Typed or printed name of person signing)	
	PRESIDENT (EXECUTIVE DIRECTOR)	
	(Title of person signing)	



RE: AMENDMENT TO INCORPORATION BYLAWS

DATE: DECEMBER 21, 2018

When the company IncFile, Inc. filed for the incorporation of Clinical Pastoral Education International the names listed below were listed on their documentation as President (Executive Director) and Secretary/Treasurer. It was not understood that these names would not be added to the Board of Directors.

Therefore, an amendment is being filed.

Dallas E. Speight (President -Executive Director)

1860 Paradise Moorings Blvd.

Middleburg, FL 32068

Richard Behers (Secretary / Treasurer)

8425 Tom Costine Rod

Lakeland, FL 33809-2501