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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600 Fax Number : (323)389-0502

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

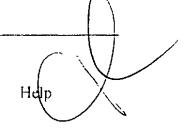
2022 SEP 29 AM | 1:5

COR AMND/RESTATE/CORRECT OR O/D RESIGN OUR FATHER'S SANCTUARY, INC.

| Certificate of Status | 0 |
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| Certified Copy | 1 |
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4

COVER LETTER

| TO: Amendment Section Division of Corporations | | |
|--|---|--|
| OUR FATHER'S S | SANCTUARY, INC. | |
| DOCUMENT NUMBER: | | |
| The enclosed Articles of Amendment and fee are sub- | mitted for filing. | |
| Please return all correspondence concerning this matter | er to the following: | |
| Chey | enne Moseley | |
| | (Name of Contact Perso | n) |
| Legali | zoam.com, Inc. | |
| | (Firm/ Company) | · · · · · · |
| 101 N. Bra | and Blvd., 11th Floor | |
| | (Address) | ; |
| Glend | tale, CA 91203 | ·. - |
| | (City/ State and Zip Cod | e) · ; |
| lancelaube57@gmail.com | | |
| E-mail address: (to be used | for future annual report | notification) |
| For further information concerning this matter, please | call; | |
| Cheyenne Moseley | 800 at (| 773-0888 ext. 9724 |
| (Name of Contact Person) | | ode & Daytime Telephone Number) |
| Enclosed is a check for the following amount made pa | ayable to the Florida Depa | artment of State: |
| S35 Filing Fee S43.75 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 | | Iment Section |
| Division of Corporations P.O. Box 6327 | | on of Corporations |
| Tallahassee, FL 32314 | | Building ixecutive Center Circle |

2661 Executive Center Circle Tallahassec, FL 32301

Articles of Amendment to Articles of Incorporation of

| OUR FATHER'S SANCTUARY, IN | C. | • | | | | |
|--|---------------------------------------|--|------------------------|---|-------------|---|
| (Name of Corporation as curren | itly filed with the Flo | rida Dept, of State) | | | | |
| N22000004383 | | | | | | |
| (Do | cument Number of Co | rporation (if known) | | | | |
| Pursuant to the provisions of section 61' amendment(s) to its Articles of Incorpor | | s, this <i>Florida Not For Prof</i> | it Corporation adopt | s the follow | ing | |
| A. If amending name, enter the new r | same of the corporati | on: | | | | |
| name must be distinguishable and conta | in the month in | : | ha akkaniaria 200 | The ne | | • |
| "Company" or "Co." may not be used | • | ion or incorporated or i | e appreviation Col | p. or inc. | | |
| B. Enter new principal office address | if annlicable: | 150 Keuka Rd. | | | | |
| (Principal office address MUST BE A | | Interlachen, Florida 3214 | 8 | | | |
| | | · · · · · · · · · · · · · · · · · · · | | | | |
| , | | | | | | |
| C. Enter new mailing address, if app (Mailing address MAY BE A POST | | 150 Keuka Rd. | | . | 2022 | |
| | | Interlachen, Florida 3214 | 8 | <u>-</u> - | SEF | ENTEN |
| | | | | = | 29 | 122 1224 122 123 123 123 123 123 123 123 123 123 |
| | | | . | SS | | |
| D. If amending the registered agent a new registered agent and/or the new registered agent a | | | the name of the | | AM III | |
| Name of New Registered Agent | ···· • | · · | | | | |
| ivame of Hew Registered Agent | 150 Keuka Rd. | ······································ | | ŧ | 7 | |
| • | · · · · · · · · · · · · · · · · · · · | (Florida street address) | _ | | | |
| New Registered Office Addres | | | | | | |
| | Interlachen | | Florida 32148 | | | |
| | (City) | | (Zip (| Code) | | |
| New Registered Agent's Signature, if I hereby accept the appointment as regi | | | liantions of the posit | tau. | | |
| i nevery accept the appointment as regi | метен идеті. 1 ит јап | ништ жил и на ассері іле оп | ngunons of the positi | юл. | | |
| _ | Signature of New I | Registered Agent, if changing | | | | |
| | Summer of 57 116 11 | and and an analysis of an analysis of | • | | | |

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 | PT John I V Mike SV Sally 5 | Jones | | | |
|-----------------------------------|---|--------------------|----------------------|---------------|----------------|
| Type of Action (Check One) | <u>Title</u> | Name | Address | | |
| I) X Change | P | Joanne Sheptock | 150 Keuka Rd. | | |
| Add | | • | Interlachen, Florida | 32148 | _ |
| Remove | | | | | 207 |
| 2) X Change | D | Marygrace Sheptock | 150 Keuka Rd. | | 2072 SEP |
| Add | | | Interlachen, Florida | | 29 |
| Remove | | | | en e E C | _ |
| 3) Change | | | | .71€. 70₹. | - . |
| Add | | | | • • • • | _ ~; _ |
| Remove | | · | | | _ |
| 4) Change | | | | | - - |
| Add | | | | | _ |
| Remove | | | | | _ |
| 5) Change | | | | | _ |
| Add | | | | | · |
| Remove | | | | · | _ |
| 6) Change | | | | | |
| Add | | | | | _ |
| Remove | | | | | |

From: Danielle Gervas

| If amending or adding additional Arti (attach additional sheets, if necessary). | (Be specific) | |
|--|---------------------------------------|-------------|
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. Page 3 of 4

| | date of each amendment(s) adoption: this document was signed. | , if other than the |
|----|--|---------------------|
| | ctive date if applicable: (no more than 90 days after amendment file date) | |
| | (no more than 90 auys after amenament file aute) | |
| do | option of Amendment(s) (CHECK ONE) | |
| 3 | 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 $\frac{9 20 22}{0.0000000000000000000000000000000000$ | |
| | 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) | _ |
| | Joanne Sheptock | |
| | (Typed or printed name of person signing) | 202 |
| | President | 2 S |
| | (Title of person signing) | 2022 SEP 29 AM |