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COVER LETTER

TO: Amendment Section Division of Corporations

Christian Living C NAME OF CORPORATION:	Center, Inc.		
DOCUMENT NUMBER: MARCH	720000	038	25
The enclosed Articles of Amendment and fee are so	abmitted for filing.		
Please return all correspondence concerning this ma	atter to the following:		
Robert E. Shivers			
	(Name of Contact Pe	rson)	
n∕a			
1 10 7 3 4 10 TO	(Firm/ Company)	
1108 E. Knights Griffin Rd.			
	(Address)	 	
Plant City, Fla. 33565			
	(City/ State and Zip (Code)	
n/a			
E-mail address: (to be us	ied for future annual rep	ort notification	1)
For further information concerning this matter, plea	se call:		
Robert E. Shivers	at	813	752 7759
(Name of Contact Pers		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made	payable to the Florida D	Department of	State:
\$35 Filing Fee \$35 Filing Fee Certificate of Statu	& \$\sums\$\$ \$\\$43.75 \text{ Filing Fee of the copy of the copy of the copy is enclosed.}	Certif Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Address		eet Address endment Secti	lon.
Amendment Section Division of Corporations		rision of Corpo	

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

	Article	es of Amendment	P 31 a a
	Articles	to of Incorporation	FILED
n/a Ch(i	Sto i	of UNING COLOR thy filed with the Florida	Dept. dr Share RETARY OF STATE
			TALLAHASSEE, FL
(Document)	ment Numb	er of Corporation (if know	m)
Pursuant to the provisions of section 617.1006, Flo amendment(s) to its Articles of Incorporation:	orida Statute	es, this <i>Florida Not For P</i>	rofit Corporation adopts the following
A. If amending name, enter the new name of th	e corporati	ion:	
n/a			The new
name must be distinguishable and contain the wor "Company" or "Co." may not be used in the nam		tion" or "incorporated" o	r the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if application (Principal office address MUST BE A STREET A		n/a 	
C. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	BOX)	n/a 	
		n/a	
		n/a	
D. If amending the registered agent and/or regi	stared offic	e address in Florida on	or the name of the
new registered agent and/or the new register			CI THE HAME OF THE
Name of New Registered Agent:	n/a		
	n/a		
New Registered Office Address		(Florid	u street address)
The state of the s	n∕a		n/a
	_	(City)	. Florida <u>""</u> (Zip Code)
Now Designated Agent's Cinemature if shares -	Danietava	Agonts	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen			obligations of the position.
-	.5.	ignature of New Registere	d 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 = 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> <u>Mik</u>	<u>n Doe</u> e Jones y Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	<u>т</u>	Bernard Caton	405 Damon St.
Add			Plant City
x Remove			Fla. 33566
2) Change	т	Michael D. Simmons	405 Damon St.
xAdd			Plant City
Remove			Fla. 33566
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Art (attach additional sheets, if necessary).	ticles, enter change(s) here:
(attach additional sheets, if necessary).	(Be specific)
n/a	
iva	
	
	
	
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	n/a	
The date of each amendr	nent(s) adoption:	_, if other than the
late this document was sig	ned. ,	
	n/a	
Effective date <u>if applicab</u>	le:	
	(no more than 90 days after amendment file date)	
	in this block does not meet the applicable statutory filing requirements, this date will not bon the Department of State's records.	e listed as the
Adoption of Amendment	(s) (<u>CHECK ONE</u>)	
The amendment(s) w was/were sufficient for	as/were adopted by the members and the number of votes cast for the amendment(s) or approval.	
There are no member adopted by the board	s or members entitled to vote on the amendment(s). The amendment(s) was/were of directors.	
10 Dated	1-2-18	
Signature		
(<u>B</u> y	the chairman or vice chairman of the board, president or other officer-if directors	-
	ve not been selected, by an incorporator – if in the hands of a receiver, trustee, or	
	ner court appointed fiduciary by that fiduciary)	
	Robert E. Shivers	
	(Typed or printed name of person signing)	
	President Kolost E. Shivers	
	(Title of person signing)	