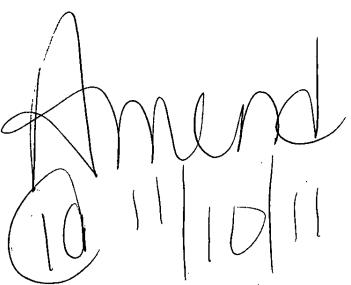
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: The Living Word Baptist Church Inc.				
DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee are subm	itted for filing.			
Please return all correspondence concerning this matter	to the following:			
Pastor Timo (Name of C	thy Mark Hall ontact Person)			
Cross Road Community Church (Firm/Company)				
117 Pine Tree Road (Address)				
East Palatka FL 32131 (City/ State and Zip Code)				
Cross Road Comunity @ amail. com E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Pastor Timothy Mark Ha (Name of Contact Herson)	Area Code & Daytime	Telephone Number)		
Enclosed is a check for the following amount made payable to the Florida Department of State:				
✓ \$35 Filing Fee	□\$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 Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	ŕ		

Articles of Amendment to Articles of Incorporation of

The Living Word Baptist Church Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N99000001454 (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: (Florida street address) New Registered Office Address:

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

(City)

(Zip Code)

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) Type of Action **Title** Address <u>Name</u> PD Timothy Hall 5196 CR 209 S ☑ Add Green Cove Springs, FL 32043 ☐ Remove Thomas Don Gentry ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

The date of each amendment(s) adoption: 08/01	/2011
	08/01/2011	date of adoption is required)
	(no more th	an 90 days after amendment file date)
Adoption of Amendment(s)	(CHEC	K ONE)
☐ The amendment(s) was/were was/were sufficient for approximations are sufficient for approximation.		mbers and the number of votes cast for the amendment(s)
There are no members or madopted by the board of dire		ote on the amendment(s). The amendment(s) was/were
adopted by the board of dire	ctors.	
Dated	11-6-11	
Signature	Timothy 1	chairman of the board, president or other officer-if director
		by an incorporator – if in the hands of a receiver, trustee, or
othe	court appointed fid	uciary by that fiduciary)
	-T.	the Mack Hall
	(Typed	thy Mark Hall or printed name of person signing)
	Pastor	President, Director Title of person signing)
	(7	Fitle of person signing)