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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: St. Luke's Life Center Inc. DOCUMENT NUMBER: P05000022500 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Arthur L. Johnson Sr. Name of Contact Person St. Luke's Ministries, Inc. Firm/ Company 910 Quincy Street Address Lakeland, Florida 33815 City/ State and Zip Code johnson.praver@icloud.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Shela Lucas at (863) 712-3996

Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee \$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status

Mailing Address

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

Street Address

(Additional copy is enclosed)

> Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Certified Copy

(Additional Copy is enclosed)

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

St. Luke's Life Center				
(Name o	f Corporation as curre	ntly filed with the Florida	Dept. of State)	
P05000022500				
	(Document Number	r of Corporation (if known)		
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, th	is Florida Profit Corporat	tion adopts the following am	endment(s) to
A. If amending name, enter the new na	me of the corporation:			
N/A			\rightarrow \sim The	new
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associated. B. Enter new principal office address, if (Principal office address MUST BE A STATE OF A STATE OF THE NAME OF THE PROPERTY OF THE P	ation "Corp," "Inc," or ion," or the abbreviation of applicable: TREET ADDRESS)	r "Co". A professional co	icorporated" 🚈 🗓 hrev	
D. If amending the registered agent an new registered agent and/or the new			ne name of the	
Name of New Registered Agent	N/A			
	(Florida	street address)		
New Registered Office Address:	N/A		. Florida	
New Register Carry Jac Charless.		(City)	(Zip Code)	
New Registered Agent's Signature, if cl I hereby accept the appointment as registe			gations of the position.	
	N/A			
	Signature of Nev	v Registered Agent, if chan	iging	

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	<u>PT</u> <u>John</u>	n Doe	
X Remove	<u>V</u> <u>Mik</u>	se Jones	
<u>X</u> Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Director	Kay Davis	910 West Quincy Street
Add			Lakeland, Florida 33815
X Remove			ALL N
2) Change	Director	Arthur Hoskins, Sr.	ALC AR
Add			Lakeland Florida 3811 =
X Remove			FLORIDE W
3) Change	Director	Shela Lucas	3532 Lori Lane North Lakeland
X Add			Florida . 33801
Remove			
4) Change	Director	Alicia Collins	6670 Chianti Ave.
X Add		-	Lakeland, Florida 33811
Remove			
5) Change	Director	Sergio Collins	6670 Chianti Ave.
X Add			Lakeland, Florida 33811
Remove			
6) Change			
Add			
Aud			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)			
N/A			
			
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F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,			
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	,		
N/A			
			
			
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			_

	2/14/2019	
The date of each amendment(s)	adoption:	, if other than the
date this document was signed.	/14/2019	
Effective date if applicable:		
	tno more than 90 days after amendment file dater	
Note: If the date inserted in this document's effective date on the l	block does not meet the applicable statutory filing requirements, this date will Department of State's records.	not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	<u>.</u>
The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder	T
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder \mathbb{R}^{\times}	<u></u>
2/14/2 Dated	OIP RAIL S	
Signature ##	director, president or other officer – if directors or officers have not been	_
	ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	Arthur L. Johnson, Sr.	
	(Typed or printed name of person signing)	'
	President	
	(Title of person signing)	