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Fred

R. WHITE 0CT 1 5 2013

SECRETARY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: Johns	on's Memori	al Chapel, Inc
DOCUMENT NUMBE	r: <u>P1000000</u>	10602	
The enclosed Articles of	Amendment and fee are su	bmitted for filing.	
Please return all correspo	ondence concerning this ma	tter to the following:	
	Darryl L. Johnsons M 330 NW.44h Delray Bea	Ave Address	rapel
<u>d</u> !	E-mail address: (to be us	hoo · com ed for future annual report	notification)
For further information of	oncerning this matter, pleas	se call:	
Darry Jo Name of	Contact Person	at (<u>56 l</u> Area Co	
Enclosed is a check for t	he following amount made	payable to the Florida Depa	artment of State:
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailin	g Address	Street	Address

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

Articles of Amendment to Articles of Incorporation

FILED

2018 OCT -5 (Name of Corporation as currently filed with the Florida Dept; of State) 00000 10602 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida 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," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 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 Dos ryl 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

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	PT John De	<u>ne</u>	
X Remove	V Mike Jo	<u>nes</u>	
<u>X</u> Add	SV Sally Sr	nith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	PICEO	Willie Mae McG	Riff 2015 S. Federal Highwa
Add			Boynton Bch, Fl.
X Remove			33435
2) Change	PICEO	Darnyi L. Johnson	330 N. W. 4th Ave
X Add	•	•	Delray Bab, Fl.
Remove			33444
3) Change			_
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
Ó Chara			
6) Change			
Add Remove			
remove			

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If an amendm	ient provides foi	r an exchange	, reclassificați	ion, or cancellatio	on of issued shares,	
provisions fo	or implementing	the amendm	e, reclassification	ion, or cancellation	on of issued shares. idment itself:	
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provisions fo (if not ap	or implementing opticable, indicate	the amendm	e, reclassificat	ion, or cancellation ained in the amer	on of issued shares.	

The date of each amendment(s) adoption: Och ber 9, 2018 date this document was signed.	, if other than the
Effective date if applicable: O tober 9, 2018 (no more than 90 days after amendment file date)	
(no more than 50 days after amenament fite date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
hy" (voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 10 4 2018	
Signature Dhohoso	
(By a director, president or other officer - if directors or officers have not been	
selected, by an incorporator – if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
Parry L Johnson (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
President /CED	
(Title of person signing)	