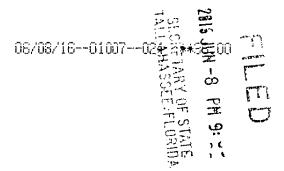
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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number))
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer.	
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JUN 1 4 2016

C. CARROLEERS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: EPHESUS, INC.			
DOCUMENT NUMI	D16000047068		P. 18 18 18 18 18 18 18 18 18 18 18 18 18	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	DEVRY DEWAN			
		Name of Contact Person	1	
	DEVRY DEWAN, CPA			
		Firm/ Company		
	7006 ATLANTIC BLVD	,		
		Address		
	JACKSONVILLE, FL. 3221	1		
		City/ State and Zip Cod	e	
DEV	RY@DEVRYDEWAN.COM			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	n concerning this matter, pleas	se call:		
DEVRY DEWAN		at (725-2906	
Name of Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check fo	r the 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)	□\$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 Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

EPHESUS, INC.		
(Name of Corporation	on as currently filed with the Florida Dept.	of State)
P1600047968		
(Docum	nent Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation ado	pts the following amendment(s) to
A. If amending name, enter the new name of the co	rporation:	
EPHESUS OF NORTH FLORIDA INC.		The., new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the	" "Inc," or "Co". A professional corporati abbreviation "P.A."	ated" or the abbreviation 🔀
B. Enter new principal office address, if applicable (Principal office address <u>MUST BE A STREET ADD</u>		<u> </u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.) D. If amending the registered agent and/or register new registered agent and/or the new registered ag	red office address in Florida, enter the name	of the
 	(Florida street address)	
New Registered Office Address:	(City)	Florida (Zip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	istered Agent:	·
Sienc	ature 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	<u>PT</u>	John Doe	2	
X Remove	$\underline{\mathbf{V}}$	Mike Jor	<u>nes</u>	
X Add	<u>sv</u>	Sally Sm	<u>íth</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change				-
Add				
Remove				
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add		_		· · ·
Remove				
S) Chamma				
5) Change				
Add				
Remove				.
6) Change		_		
Add				
Remove				

If amending or adding additiona Attach additional sheets, if necess	ary). (Be specij	fic)			
					1000
			,		
If an amendment provides for an provisions for implementing the (if not applicable, indicate N	amendment if r	essification, or c	ancellation of iss the amendment	sued shares, itself:	
	·				
	_				
*				· · · · · · · · · · · · · · · · · · ·	

06/06/16	
The date of each amendment(s) adoption: date this document was signed.	_, if other than th
Fflective date if anniicable:	
(no more than 90 days after amendment file 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 fisted as th
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast 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	
by" (voting group)	
(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.	
06/06/16 Dated	
Signature E. E. Man 4 (4) D. Mey	
Signature (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)	_
ERDOGAN BILMEZ	
(Typed or printed name of person signing)	
PRES.	•
(Title of person signing)	