

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

05/14/2022

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

HIGHWAY MISSION TABERNACLE

I, Leigh M. Chapman, Acting Secretary of the Commonwealth of Pennsylvania, do hereby certify that the foregoing and annexed is a true and correct copy of

Amendment filed on Jan 24, 2022 - Pages (1)

which appear of record in this department.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written


Leigh M. Chapman

Acting Secretary of the Commonwealth

Certification Number: TSC220514090151-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>

PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

<input checked="" type="checkbox"/> Return document by mail to: Highway Mission Tabernacle Name 3501 N 17 Street Address Philadelphia PA 19140 City State Zip Code <input checked="" type="checkbox"/> Return document by email to: <u>Treasurer@Highway.ag</u>	Change of Registered Office  TML220228PF1556
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Read all instructions prior to completing. This form may be submitted online at <https://www.corporations.pa.gov/>.

Fee: \$5 The type of domestic association (check only one):

- ☐ Business Corporation ☐ Limited Liability Company ☐ Limited Liability Limited Partnership
☒ Nonprofit Corporation ☐ Limited Partnership

In compliance with the requirements of the applicable provisions of 15 Pa.C.S. § 1507/5507/8625/8825 (relating to change of registered office), the undersigned domestic corporation, limited liability company, limited partnership or limited liability limited partnership, desiring to effect a change of registered office, hereby states that:

1. The name of the association is: Highway Mission Tabernacle

2. The current registered office address as on file with the Department of State. *Complete part (a) OR (b) – not both:*

(a) <u>1801 Spring Garden Street</u>	<u>Philadelphia</u>	<u>PA</u>	<u>19130</u>	<u>Philadelphia</u>
Number and street	City	State	Zip	County

(b) c/o: _____
Name of Commercial Registered Office Provider County

3. New address. *Complete part (a) OR (b) – not both:*

(a) The address in this Commonwealth to which the registered office of the corporation, limited partnership, limited liability limited partnership or limited liability company is to be changed is:

<u>3501 N 17th Street</u>	<u>Philadelphia</u>	<u>PA</u>	<u>19140</u>	<u>Philadelphia</u>
Number and street	City	State	Zip	County

(b) The registered office of the corporation, limited partnership, limited liability partnership, limited liability limited partnership or limited liability company shall be provided by:

c/o: _____
Name of Commercial Registered Office Provider County

4. *For corporations only:* Such change was authorized by the Board of Directors of the corporation.

IN TESTIMONY WHEREOF, the undersigned has caused this Statement or Certificate of Change of Registered Office to be signed by a duly authorized officer, general partner, member or manager thereof this 13th day of January, 20 22.

Highway Mission Tabernacle
Name of Corporation/Limited Partnership/
Limited Liability Limited Partnership/Limited Liability Company
Mark T. Bouchey
Signature
President
Title

PA DEPT OF STATE

JAN 24 2022