		h of Massachusett ancis Galvin	S Minimum Fee: \$100.
	Boston, MA	vealth, Corporations Divisio Place, 17th floor 02108-1512 617) 727-9640	911 Special Filing Instructions
Restated Certificate General Laws, Chapter )			
Identification Number	: <u>001127600</u>		
The date of filing of th	ne original certificate of organiz	ation: <u>2/4/2014</u>	
	the limited liability company is: ame under which it was origina		N OF CHURCHES, LLC
2a. Location of its prir	ncipal office:		
No. and Street:	64 BRIDGE STREET		
City or Town:	SALEM State: MA	Zip: <u>01970</u>	Country: <u>USA</u>
2b. Street address of f	the office in the Commonwealth	າ at which the records will	l be maintained:
No. and Street:	64 BRIDGE STREET		
City or Town:	SALEM State: MA	Zip: <u>01970</u>	Country: <u>USA</u>
		V COMPANY FORMED	LINDER GL C 156 C IN
CAN BE PERFORME CLUDING, BUT NO NY MERCHANDISE	ED BY A LIMITED LIABILIT T LIMITED TO, EDUCATION AND LITERATURE, AND AN	AL ACTIVITIES, COND	UCTING THE SALE OF A
CAN BE PERFORME CLUDING, BUT NO NY MERCHANDISE O.	T LIMITED TO, EDUCATION	AL ACTIVITIES, COND	UCTING THE SALE OF A
CAN BE PERFORME CLUDING, BUT NOT NY MERCHANDISE O. 4. The latest date of di	T LIMITED TO, EDUCATION AND LITERATURE, AND AN	AL ACTIVITIES, COND	UCTING THE SALE OF A
CAN BE PERFORME CLUDING, BUT NOT NY MERCHANDISE O. 4. The latest date of di 5. Name and address of	T LIMITED TO, EDUCATION AND LITERATURE, AND AN	AL ACTIVITIES, COND	UCTING THE SALE OF A
CAN BE PERFORME CLUDING, BUT NOT NY MERCHANDISE D. 4. The latest date of di 5. Name and address of Name:	T LIMITED TO, EDUCATION AND LITERATURE, AND AN issolution, if specified: of the Resident Agent: <u>DOUG MESNER</u> <u>64 BRIDGE STREET</u>	AL ACTIVITIES, COND	UCTING THE SALE OF A ES INCIDENTAL THERET
CAN BE PERFORME CLUDING, BUT NOT NY MERCHANDISE O. 4. The latest date of di 5. Name and address of Name: No. and Street:	T LIMITED TO, EDUCATION AND LITERATURE, AND AN issolution, if specified: of the Resident Agent: DOUG MESNER	AL ACTIVITIES, COND	UCTING THE SALE OF A
CAN BE PERFORME CLUDING, BUT NOT NY MERCHANDISE O. 4. The latest date of di 5. Name and address of Name: No. and Street: City or Town: I, <u>DOUG MESNER</u> resi resident agent of the a	T LIMITED TO, EDUCATION AND LITERATURE, AND AN issolution, if specified: of the Resident Agent: <u>DOUG MESNER</u> <u>64 BRIDGE STREET</u>	AL ACTIVITIES, COND   NY AND ALL ACTIVITII   Zip:   01970   Ilability company, consel   pursuant to G. L. Chapter	UCTING THE SALE OF A ES INCIDENTAL THERET Country: <u>USA</u> nt to my appointment as the
CAN BE PERFORME CLUDING, BUT NOT NY MERCHANDISE O. 4. The latest date of di 5. Name and address of Name: No. and Street: City or Town: I, <u>DOUG MESNER</u> resi resident agent of the a 6. The name and busin	I LIMITED TO, EDUCATION AND LITERATURE, AND AN issolution, if specified: of the Resident Agent: <u>DOUG MESNER</u> <u>64 BRIDGE STREET</u> <u>SALEM</u> State: <u>MA</u> ident agent of the above limited above limited liability company ness address of each manager,	Zip: <u>01970</u> d liability company, conset pursuant to G. L. Chapter if any:	UCTING THE SALE OF A ES INCIDENTAL THERET Country: USA nt to my appointment as the 156C Section 12.
CLUDING, BUT NOT NY MERCHANDISE O. 4. The latest date of di 5. Name and address of Name: No. and Street: City or Town: I, <u>DOUG MESNER</u> resi resident agent of the a	T LIMITED TO, EDUCATION AND LITERATURE, AND AN issolution, if specified: of the Resident Agent: <u>DOUG MESNER</u> <u>64 BRIDGE STREET</u> <u>SALEM</u> State: <u>MA</u> ident agent of the above limited above limited liability company	AL ACTIVITIES, COND   NY AND ALL ACTIVITIE   Zip: 01970   Iability company, conset   pursuant to G. L. Chapter   if any:	UCTING THE SALE OF A ES INCIDENTAL THERET Country: <u>USA</u> nt to my appointment as the

documents to be filed with the Corporations Division, and at least one person shall be named if there are no managers.

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
SOC SIGNATORY	DOUG MESNER	64 BRIDGE STREET SALEM, MA 01970 UNI

8. The name and business address of the person(s) authorized to execute, acknowledge, deliver and record any recordable instrument purporting to affect an interest in real property:

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
REAL PROPERTY	MALCOLM JARRY	64 BRIDGE STREET SALEM, MA 01970 USA

## 9. Additional matters:

10. Describe any amendments to be effected by the restated certificate, and if none, include a statement to that affect:

2A/2B THE ADDRESS OF THE LOCATION WHERE RECORDS ARE MAINTAINED HAS BEEN UP DATED TO: 64 BRIDGE STREET SALEM, MA 01970 3 THE CHARACTER AND SERVICES OF THE BUSINESS WERE ADDED 5 THE NAME AND ADDRESS OF THE REGISTERED AGENT WAS UPD ATED TO: DOUG MESNER 64 BRIDGE STREET SALEM, MA 01970 6 THE NAME AND ADDRESS OF THE BUSINESS MANAGER WAS UPDATED TO: MALCOLM JARRY 64 BRIDGE STREET SALE M MA 01970 7 THE NAME OF THE PERSON AUTHORIZED TO EXECUTE DOCUMENTS WAS UP DATED TO: DOUG MESNER 64 BRIDGE STREET SALEM, MA 01970 8. THE NAME AND BUSINES S ADDRESS OF THE PERSON(S) AUTHORIZED TO EXECUTE, ACKNOWLEDGE, DELIVER AND RECORD ANY RECORDABLE INSTRUMENT PURPORTING TO AFFECT AN INTEREST IN REAL PROPERTY WAS UPDATED TO: MALCOLM JARRY 64 BRIDGE STREET SALEM MA 01970

11. The restated certificate shall be effective when filed unless a later effective date is specified:

SIGNED UNDER THE PENALTIES OF PERJURY, this 21 Day of May, 2018, <u>MALCOLM JARRY</u>, Signature of Applicant.

 $\ensuremath{\mathbb{C}}$  2001 - 2018 Commonwealth of Massachusetts All Rights Reserved

## THE COMMONWEALTH OF MASSACHUSETTS

I hereby certify that, upon examination of this document, duly submitted to me, it appears that the provisions of the General Laws relative to corporations have been complied with, and I hereby approve said articles; and the filing fee having been paid, said articles are deemed to have been filed with me on:

May 21, 2018 11:35 AM

Heterian Fraing Palies

## WILLIAM FRANCIS GALVIN

Secretary of the Commonwealth