

**NO300000 1935**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

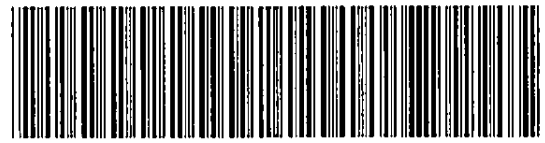
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

*J. HORNE  
JUN - 3 2023*

Office Use Only



900404404569

03 17 23 - 01010 - 010 - 4405.01

SECRETARY OF  
TALLAHASSEE  
2023 MAR 17 AM 11:30

FILED



**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Grace Tabernacle of Worship Inc

DOCUMENT NUMBER: N03000001935

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Branda Horine  
\_\_\_\_\_  
Name of Contact Person  
Grace Tabernacle of Worship Inc  
\_\_\_\_\_  
Firm/ Company  
PO Box 1088  
\_\_\_\_\_  
Address  
Wildwood, FL 34785  
\_\_\_\_\_  
City/ State and Zip Code  
  
receipts@gracetab.org  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brenda Horine at ( 815 ) 252-4745  
\_\_\_\_\_  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: Grace Tabernack of Worship Inc
- 2. The principal office address: 7279 Warm Springs Ave  
Wildwood FL 34785
- 3. The mailing address (if different): P.O. Box 1088, Wildwood, FL 34785
- 4. Date of incorporation/qualification: 03/24/2003 Document number: N03 000001935
- 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Jon S. Moorhead (resigned)  
907 Webster St  
Leesburg FL 34748

- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Hammond - English Accounting Services, Inc.  
620 S. 14<sup>th</sup> St  
P.O. Box NOT acceptable  
Leesburg, FL 34748

2023 MAR 17 AM 11:30  
 SECRETARY OF  
 TALLAHASSEE  
 FILED

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Brenda M. Horine  
Signature of an officer or director

Brenda E. Horine Treasurer  
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Jennifer English  
Signature of Registered Agent

3-15-2023  
Date

If signing on behalf of an entity:

Jennifer English  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*