

NO 90000000 53

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

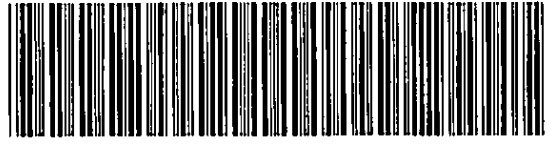
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status

Special Instructions to Filing Officer:

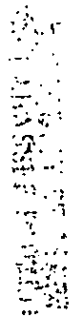
Office Use Only



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Amend
NIC



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 25, 2018

SEBIT J LIVIO
2238 LIGUSTRUM RD
JACKSONVILLE, FL 32211

SUBJECT: UNITED AMBASSADORS IN CHRIST MINISTRIES, INC.
Ref. Number: N09000000053

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

ENCLOSED IS A PRINTOUT OF THE OFFICER/DIRECTORS OF THE CORPORATION. PLEASE CHECK ONLY ONE (1) TYPE OF ACTION AND MAKE SURE THE TITLES REFLECT WHAT IS LISTED ON THE PRINTOUT FOR THE CURRENT OFFICERS LISTED.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 018A00013147

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18

SECRETARY
TALLENT

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: UNITED AMBASSADORS IN CHRIST MINISTRIES, INC.

DOCUMENT NUMBER: N09000000053

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

Please return all correspondence concerning this matter to the following:

SEBIT J. LIVIO

(Name of Contact Person)

(Firm/ Company)

2238 LIGUSTRUM ROAD

(Address)

JACKSONVILLE, FL 32211

(City/ State and Zip Code)

sebitlivio@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SEBIT J. LIVIO

(Name of Contact Person)

at

904

2407007

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

UNITED AMBASSADORS IN CHRIST MINISTRIES, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

N09000000053

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

GRACE THRONE MINISTRIES, INC.

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:

*(Principal office address **MUST BE A STREET ADDRESS**)*

2238 LIGUSTRUM RD

JACKSONVILLE, FL 32211

C. Enter new mailing address, if applicable:

*(Mailing address **MAY BE A POST OFFICE BOX**)*

2238 LIGUSTRUM RD

JACKSONVILLE, FL 32211

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:

PASTOR. PETER ATHIAN

2238 LIGUSTRUM RD

(Florida street address)

New Registered Office Address:

JACKSONVILLE, FL

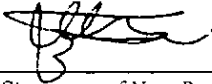
Florida 32211

(City)

(Zip Code)

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.

X 

Signature of New Registered Agent, if changing

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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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>PT</u>	<u>PETER ATHIAN</u>	<u>2238 LIGUSTRUM RD</u> <u>JACKSONVILLE, FL 32211</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>PT</u>	<u>LOBUNG ROBERT</u>	<u>6110 POWERS AVE</u> <u>SUITE 12</u> <u>JACKSONVILLE, FL 32217</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>ASST</u>	<u>BAKHJET KOKO</u>	<u>2238 LIGUSTRUM RD</u> <u>JACKSONVILLE, FL 32211</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>ASST</u>	<u>KWAJOK PANTIN</u>	<u>6110 POWERS AVE</u> <u>SUITE 12</u> <u>JACKSONVILLE, FL 32211</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>T</u>	<u>SEBIT J LIVIO</u>	<u>2238 LIGUSTRUM RD</u> <u>JACKSONVILLE, FL 32211</u>
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>T</u>	<u>VERONICA MAJOK</u>	<u>2238 LIGUSTRUM RD</u> <u>JACKSONVILLE, FL 32211</u>

JUNE 12, 2018

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

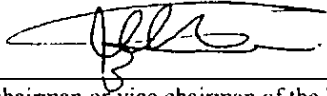
Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated JULY 5, 2018 _____

Signature  _____

(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

PETER ATHIAN

(Typed or printed name of person signing)

PASTOR

(Title of person signing)