## N1400003071

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	ty/State/Zip/Phon	e #)		
PICK-UP	WAIT	MAIL		
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Certified Copies	_ Certificate	s of Status		
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SECRETARY OF STATE
DIVISION OF CORPORATIONS

C.V.30/14

## **COVER LETTER**

TO: Amendment Section Division of Corporations Christ Grace, Inc. N14000003071 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Ricardo Watson (Name of Contact Person) Christ Grace, Inc. (Firm/ Company) 10347 Sequoya Dr. (Address) Jacksonville, Florida 32257-6454 (City/ State and Zip Code) 4revivalembassy@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Ricardo Watson (Name of Contact Person) Enclosed is a check for the following amount made payable to the Florida Department of State: **△**\$43.75 Filing Fee & **□**\$43.75 Filing Fee & ☐ \$35 Filing Fee □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is

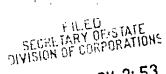
Mailing Address

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

Enclosed)

## Articles of Amendment to Articles of Incorporation of



14 DEC 23 PH 2:53

(Name of Corporation as current)	y filed with the F	orida Dept. of State)		
N14000003071				
(Doct	iment Number of (	Corporation (if known)		
Pursuant to the provisions of section 617.1 amendment(s) to its Articles of Incorporat		tes, this <i>Florida Not For I</i>	Profit Corporation adopts the fo	llowi
A. If amending name, enter the new na	me of the corpora	tion:		
Revival Embassy, Inc.			7	The ne
name must be distinguishable and contain		ation" or "incorporated"	or the abbreviation "Corp." or	"Inc.
"Company" or "Co." may not be used in	the name.	<b>5.17.5</b>		
B. Enter new principal office address, i		N/A		
(Principal office address <u>MUST BE A ST</u>	<u> REET ADDRESS</u>	D		
			_	
		-		
C. Enter new mailing address, if applic		N/A		
(Mailing address <u>MAY BE A POST (</u>	OFFICE BOX)	13//3	<del> </del>	
		-		
D. If amending the registered agent and new registered agent and/or the new			nter the name of the	
	N/A	ieuu caa		
Name of New Registered Agent:	14/7			
New Registered Office Address:		(Florida street address)		
	N/A			
	(City	.)	, Florida (Zip Code)	
			(Zip Code)	
New Registered Agent's Signature, if characteristics of the Agent's Signature, if characteristics are desired to the Agent's Signature, if the Agent's			e obligations of the position	
nereny accept the appointment as registe	эген идені. Ти <b>т</b> Ј	инний жин ана ассері іп	e oongunous of the position.	

Page 1 of 4

## 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.

Type of Action (Check One)         Title         Name         Address           1)         Change	Exampl X Cha X Ren X Ade	nge 10ve	<u>PT</u> <u>V</u> <u>SV</u>	John Do Mike Jo Sally Sn	<u>nes</u>	
AddRemove  2)ChangeAddRemove  3 )ChangeAddRemove  4)ChangeAddRemove	Type of (Check	Action One)	<u>Title</u>		Name	<u>Addres</u> s
Remove	1)	_ Change			<del></del>	
2) Change		_ Add				-
AddRemove  3 )Change		_ Remove				
Remove	2)	_ Change		_		
3 ) Change		_ Add				
Add		_ Remove				
Remove	3)	_ Change		_		
4) Change		_ Add				
Add		_ Remove				
Add	4.	CI.				
Remove				_		
		-				
5) Change		_ Kelliove				
	5)	_ Change	<u></u>	_		
Add		_ Add				
Remove		Remove				
6) Change	6	Change				
Add	v)			_		
Add		_				

If amending or adding additional Art attach additional sheets, if necessary).	(Be specific)	
		<u></u>

The date of each amendment(s) adoption:		option: <u>.                                    </u>	SECRETARY OF STATE if other than th	
Eff	ective date <u>if applicable</u> :	(no more than 90 days after am	nendment file date)	
Ad	option of Amendment(s)	(CHECK ONE)		
	The amendment(s) was/were ac was/were sufficient for approva	lopted by the members and the number it.	r of votes cast for the amendment(s)	
	r(s). The amendment(s) was/were			
	Dated 12   Signature	0/14		
	have not bee	man or vice chairman of the board, proper selected, by an incorporator — if in the appointed fiduciary by that fiduciary)		
	Ricardo W	atson		
		(Typed or printed name of person sign	ning)	
	President,		<del>-</del>	
	<del>-</del>	(Title of person signing)		