Entity Name: SEEDS OF GRACE, INC.			Secretary of State CC2587056729	
7206 NOTRE D	ncipal Place of Business: MAME EIGHTS, FL 32656		CC2587	056729
Current Mai	ling Address:			
PO BOX 3 KEYSTONE	HEIGHTS, FL 32656 US			
FEI Number: 46-1310673		Certificate of Status Desired: Yes		
Name and A	Address of Current Registered Agent:			
WILLIAMS, JOH 6148 CR 352	HN			
	EIGHTS, FL 32656 US			
KEYSTONE HE	EIGHTS, FL 32656 US	gistered office or regis	tered agent, or both, in the State of Flo	rida.
KEYSTONE HE		gistered office or regis	tered agent, or both, in the State of Flo	<sup>rida.</sup> 01/23/2016
KEYSTONE HE	d entity submits this statement for the purpose of changing its reg	gistered office or regis	tered agent, or both, in the State of Flo	
KEYSTONE HE	d entity submits this statement for the purpose of changing its reg JOHN WILLIAMS Electronic Signature of Registered Agent	gistered office or regis	tered agent, or both, in the State of Flo	01/23/2016
KEYSTONE HE The above named SIGNATURE	d entity submits this statement for the purpose of changing its reg JOHN WILLIAMS Electronic Signature of Registered Agent	gistered office or regis	tered agent, or both, in the State of Flo	01/23/2016
KEYSTONE HE The above named SIGNATURE Officer/Dire	d entity submits this statement for the purpose of changing its reg JOHN WILLIAMS Electronic Signature of Registered Agent ctor Detail :			01/23/2016
KEYSTONE HE The above named SIGNATURE Officer/Dire Title	d entity submits this statement for the purpose of changing its reg JOHN WILLIAMS Electronic Signature of Registered Agent ctor Detail : SECRETARY	Title	DV	01/23/2016
KEYSTONE HE The above named SIGNATURE Officer/Dire Title Name Address	d entity submits this statement for the purpose of changing its reg JOHN WILLIAMS Electronic Signature of Registered Agent ctor Detail : SECRETARY MORFORD, CAREY	Title Name Address	DV SAPP, TERI	01/23/2016
KEYSTONE HE The above named SIGNATURE Officer/Dire Title Name Address	d entity submits this statement for the purpose of changing its reg JOHN WILLIAMS Electronic Signature of Registered Agent Ctor Detail : SECRETARY MORFORD, CAREY 6148 CR 352	Title Name Address	DV SAPP, TERI 8493 LILY LAKE RD	01/23/2016
KEYSTONE HE The above named SIGNATURE Officer/Dire Title Name Address City-State-Zip:	d entity submits this statement for the purpose of changing its reg E JOHN WILLIAMS Electronic Signature of Registered Agent <b>ctor Detail :</b> SECRETARY MORFORD, CAREY 6148 CR 352 KEYSTONE HEIGHTS FL 32656	Title Name Address	DV SAPP, TERI 8493 LILY LAKE RD	01/23/2016
KEYSTONE HE The above named SIGNATURE Officer/Dire Title Name Address City-State-Zip: Title	d entity submits this statement for the purpose of changing its reg E JOHN WILLIAMS Electronic Signature of Registered Agent <b>ctor Detail :</b> SECRETARY MORFORD, CAREY 6148 CR 352 KEYSTONE HEIGHTS FL 32656 PRESIDENT	Title Name Address	DV SAPP, TERI 8493 LILY LAKE RD	01/23/2016

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000005086

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

PRESIDENT

SIGNATURE: JOHN WILLIAMS

01/23/2016 Date

FILED Jan 23, 2016

Electronic Signature of Signing Officer/Director Detail