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SECRETARY OF SHAPE
ALLAHASSEE FLORID

N.C. C.COULLIETTE

OCI 0 5 2009

EXAMINER

COVER LETTER

TO: Amendment Section **Division of Corporations** East Orlando NAME OF CORPORATION: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: OAVID KEYES
(Name of Contact Person) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$43.75 Filing Fee & Certified Copy □ \$35 Filing Fee ☐ \$43.75 Filing Fee & □ \$52.50 Filing Fee Certificate of Status Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy

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

is enclosed)

Articles of Amendment

to

Articles of Incorporation

East Orlando Baptist Church Holding Company, Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)

(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 corporatio	<u>n:</u>
GRACEPOINT @ the	Cross	Holding Company, Inc
The new name must be distinguishable and co	ntain the word	"corporation" or "incorporated" or the
abbreviation "Corp." or "Inc." <u>"Company" or</u>	r "Co." may not	t be used in the name.
B. Enter new principal office address, if applica (Principal office address <u>MUST BE A STREET A</u>		8287 Curry Ford Rd
	T ADDRESS)	8287 Curry Ford Rd Orlando FL 32822
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)		$\cap A$
(Mauing address MAT BE A POST OFFIC	<u>LE BUX</u>)	
D. If amending the registered agent and/or re	egistered office	address in Florida, enter the name of the
new registered agent and/or the new regis		
Name of New Registered Agent:		
		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	(Florida street address)	
		>地 O Floride □ C 管
- -		(City) (Zip.Code)
New Registered Agent's Signature, if changin	g Registered A	gent:
I hereby accept the appointment as registered	agent. I am j	familiar with and accept the obligations of the
position.		

Signature of New Registered Agent, if changing

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)

Address **Type of Action Title** Name 1 ☐ Add ☐ Remove ☐ Add ☐ Remove _ 🔲 Add ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

The date of each amendment(s) adoption: 5 ept 9, 2009
(date of adoption is required) Effective date if applicable: (no more than 90 days after amendment file date)
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 Sept 27,2009 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)
<u>Chris Curboω</u> (Typed or printed name of person signing)
Trustee (Title of person signing)

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