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COVER LETTER

TO: Amendment Section Division of Corporations

H NAME OF CORPORATION:	ospitality Church Inc	•		
700304	4			
DOCUMENT NUMBER:				
The enclosed Articles of Amendme	ent and fee are subm	itted for filing.		
Please return all correspondence co	oncerning this matter	to the following:		
David Keyes				
	(Name of Contact Pe	rson)	
Hospitality Church				
		(Firm/ Company)	
PO Box 782065				
		(Address)		
Orlando, FL 32878				
	(1	City/ State and Zip C	Code)	
david@hospitalitychurch.com				
E-mail a	address: (to be used f	or future annual rep	ort notification)
For further information concerning	this matter, please ca	all:		
David Keyes		at	321	331-3481
(Name	of Contact Person)		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following	ng amount made pay	able to the Florida D	epartment of S	itate:
	3.75 Filing Fee & Cartificate of Status	1\$43.75 Filing Fee of Certified Copy (Additional copy is enclosed)	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing Address		Str	eet Address	

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

Hospitality Church Inc				
(Name of Corporation	as curren	tly filed with the	Florida Dept. of State)	
700304				
(Docur	nent Numb	er of Corporation	(if known)	
Pursuant to the provisions of section 617.1006, Flor imendment(s) to its Articles of Incorporation:	rida Statute	s, this <i>Florida No</i>	t For Profit Corporation adopts th	e following
A. If amending name, enter the new name of the	<u>corporati</u>	on:		
GracePoint @ the Cross Holding Company, Inc				The new
name must be distinguishable and contain the word		ion" or "incorpo.	rated" or the abbreviation "Corp."	
Company" or "Co," may not be used in the name	<u>e</u> .	112 T-4- C4		
B. Enter new principal office address, if applicable:		113 Tate Ct		
Principal office address <u>MUST BE A STREET A</u>	<u>DDRESS</u>)	<u>ESS</u>) Orlando, FL 32828		
C. Enter new mailing address, if applicable:	DAV.	113 Tate Ct		
(Mailing address MAY BE A POST OFFICE)	BOX)	Orlando, FL 32828		
		Offando, FL 32626		
If amonding the resistance areas and and areas				
 If amending the registered agent and/or registered agent and/or the new register 			ida, enter the name of the	
Name of New Registered Agent:	David Ke	yes		
Name of tven Registered Agent.	113 Tate (<u> </u>	· ·	55
	(Florida street address)			
New Registered Office Address:			,	ਨ
	Orlando		. Florida 32828	7
	-	(City)	(Zip Code)	7
New Registered Agent's Signature, if changing Registered Agent:			$\ddot{\wp}$	
hereby accept the appointment as registered agen	t. I am fai	niliar with and ac	cept the obligations of the position.	+
		$()_{n} = 1.7$		
_		2 / WW /	Keyk-	
	Si	anature of New R	eaistered Jaent 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)

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: X Change X Remove X Add	<u>V</u> <u>Mik</u>	n <u>Doe</u> se <u>Jones</u> y <u>Smith</u>		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change	RA	Alex Santisteban	8287 Curry Ford Rd	
Add			Orlando, FL 32822	
X Remove				
2) Change	AS	John Barry	8287 Curry Ford Rd	
Add			Orlando, FL 32822	
X Remove				
3) Change				
Add				
Remove				
4) Change				
Add			<u> </u>	
Remove			AUG - 7	K K K
5) Change			70 m	성 G J
Add			2:44 	SI≥
Remove			# 10p	F
6) Change				
Add			· -	
Remove				

(attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)	
		
		
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	?:	5

	07/12/15		
The date of each amendment(s) adop	tion:	, if other than	th
date this document was signed.			
07/26/2	015		
Effective date if applicable:		<u> </u>	
	(no more than 90 days after	amendment file date)	
Note: If the date inserted in this block document's effective date on the Depart		atutory filing requirements, this date will not be listed as the	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
☐ The amendment(s) was/were adop was/were sufficient for approval.	led by the members and the nun	mber of votes cast for the amendment(s)	
There are no members or members adopted by the board of directors.	entitled to vote on the amendm	nent(s). The amendment(s) was/were	
Dated <u>7-19</u>	-15		
Signature	famel / and	hot of a	
	n or vice chairman of the board	, president or other officer-if directors	
have not been		in the hands of a receiver, trustee, or	
	Areno SAN	T15703AV	
	(Typed or printed n	name of person signing)	
	trust	<u> </u>	
	(Title of	f person signing)	