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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Grace Tabernacle of Worship Inc

DOCUMENT NUMBER: N03000001935

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

Please return all correspondence concerning this matter to the following:

Branda Horine
Name of Contact Person
Grace Tabernacle of Worship Inc
Firm/ Company
PO Box 1088
Address
Wildwood, FL 34785
City/ State and Zip Code
receipts@gracetab.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brenda Horine at (815) 252-4745
Name of Contact Person Area Code & Daytime Telephone Number

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

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Grace Tabernack of Worship Inc
2. The principal office address: 7279 Warm Springs Ave
Wildwood FL 34785
3. The mailing address (if different): P.O. Box 1088, Wildwood, FL 34785
4. Date of incorporation/qualification: 03/24/2003 Document number: N03 000001935
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Jon S. Moorhead (resigned)
907 Webster St
Leesburg FL 34748

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Hammond - English Accounting Services, Inc.
620 S. 14th St
Leesburg FL 34748

P.O. Box NOT acceptable

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Brenda M. Horine
Signature of an officer or director

Brenda E. Horine Treasurer
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Jennifer English
Signature of Registered Agent

3-15-2023
Date

If signing on behalf of an entity:

Jennifer English
Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)