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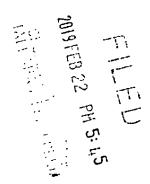
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COVER LETTER

TO: Amendment Section	•
NAME OF CORPORATION: GRESCE WY B	each Distessional Office Owners Asca
DOCUMENT NUMBER: NUM 0000	007797
The enclosed Articles of Amendment and fee are subn	nitted for filing.
Please return all correspondence concerning this matte	r to the following:
Jin Ma	(Name_of Contact Person)
	each Offices (Firm/Company)
6275 AIAS.	
	(Address)
St Augustine	(City/ State and Zip Code)
	le yahoo.com
•	for future annual report notification)
For further information concerning this matter, please	call:
Jill Mangum	at 404- 471-9696 (Area Code) (Daytime Telephone Number)
(Name of Contact Person)	
Enclosed is a check for the following amount made pay	yable to the Florida Department of State:
\$35 Filing Fee \$\Bigcup \$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is Enclosed)
Mailing Address Amendment Section	Street Address Amendment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Articles of Amendment to

Articles of Incorporation

		less Association Inc
(Name of Corporation as current	lly filed with the Flori	da Dept. of State)
N 0 400000 7	1797	
(Document Number	er of Corporation (if kn	own)
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	s, this <i>Florida Not For</i>	Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation	on:	
		The new
name must be distinguishable and contain the word "corporat "Company" or "Co." may not be used in the name.	ion" or "incorporated"	or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:		50 5 70
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		6 1
		2
C. P. Commun. War March 18 and Park I		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad		enter the name of the
new registered agent and/or she hely registered office at	4416431	
Name of New Registered Agent:		·
N D : 1000 411	(Flo	rida street address)
New Registered Office Address:		
	- -	, Florída
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered.	Agent:	
I hereby accept the appointment as registered agent. I am fan		he obligations of the position.
Si	gnature of New Registe	red Avent. if chanving

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	PT John I V Mike J SV Sally S	lones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	VSD	Rannie Tumlin	7060 AIA South Staugustine FL 32080
2) Change Add	PO	William T Stroop	6277 AIAS. Suit 101 St Augustine
Remove 3) Change Add Remove	PD	Helen Rake	FL 32080 6277 AIA S. Suite 102 St Augustine FL 32080
4) Change Add Remove	<u>NSD</u>	Benjamin Lacy	6277 AIAS Suite 202 St Augustine FL 32080
5) Change Add Remove			
6) Change Add Remove			

attach additiona	adding additional A I sheets, if necessary). (Be specific)	angoj liete.			
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	date of each amendment(s) adoption: February 11, 2019, if other than the this document was signed.
Effe	ective date if applicable: February 1 2019 (no more than 90 days after amendment file date)
	e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ument's effective date on the Department of State's records.
Add	option 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 2 11 19
	Signature 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)
	Benjamin Lacy (Typed or printed name of person signing)
	VSD
	(Title of person signing)