Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : METRO BUSINESS AGENCY, INC.

Account Number : I20080000101

Phone

: (239)466-8600

Fax Number

: (239)275-0865

**Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.

Email Address: PRDONIZETE 20136

COR AMND/RESTATE/CORRECT OR O/D RESIGN GRACE FIRST ASSEMBLY OF GOD CORP

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Corporate Filing Menu

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COVER LETTER

TO: Amendment Section
Division of Corporations

•		
NAME OF CORPORATION: GRACE FIF	RST ASSEME	BLY OF GOD CORP
DOCUMENT NUMBER: NO6000000	898	
The enclosed Articles of Amendment and fee are subm	itted for filing.	
Please return all correspondence concerning this matter	to the following:	
HANNA SRODA		
	Name of Contact Perso	n)
METRO BUSINESS AGE	ENCY INC	
	(Firm/ Company)	
15200 S TAMIAMI TRAIL	_ 117	
	(Address)	
FORT MYERS, FL 33908	3	
	City/ State and Zip Cod	c)
prdonizete2013@		
E-mail address: (to be used	•	nouncation)
HANNA SRODA	239	,466-8600
(Name of Contact Person)	(Area C	ode & Daytime Telephone Number)
Enclosed is a check for the following amount made pay	able to the Florida Dep	artment of State:
☐ \$35 Filing Fee	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address Amendment Section		Address Iment Section
Amendment Section Division of Corporations		on of Corporations
P.O. Box 6327		Building

Tallahassec, FL 32301

* Articles of Amendment*

FILED 2814 SEP -3 PM 1:43

	Articles of Incorporation	MIN SLI
	of	GOD CORPSSEE FLORIDA
GRACE F	-IRST ASSEMBLY OF	GOD CORPSSEE
(Name of Corporation as currently file	ed with the Florida Dept. of State)	70 5.
	N06000000898	
(Documer	nt Number of Corporation (if known)	
Pursuant to the provisions of section 617.1006 amendment(s) to its Articles of Incorporation:	, Florida Statutes, this Florida Not Fo	r Profit Corporation adopts the following
A. If amending name, enter the new name of	of the corporation:	
ASSEMBLEIA DE DEUS CO	OLHEITA CORP	The new
name must be distinguishable and contain the "Company" or "Co." may not be used in the	word "corporation" or "incorporated name.	
B. Enter new principal office address, if ap (Principal office address MUST BE A STRE	plicable: ET ADDRESS)	
C. Enter new mailing address, if applicable	·	
(Mailing address MAY BE A POST OFF		
	~	
		
D. If amending the registered agent and/or new registered agent and/or the new res	registered office address in Florida, istered office address:	enter the name of the
Name of New Registered Agent:		
	(Florida street address)	
New Registered Office Address:		
		, Florida
	(City)	(Zip Code)
Now Registered Agent's Signature, if chang	ing Registered Agent:	
I hereby accept the appointment as registered	agent. I am familiar with and accept	the obligations of the position.
Si	gnature of New Registered Agent, If ch	langing

Page 1 of 4

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 Y Mike, SV Sally S	lones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VPD	ANTONIO D. DE AZEVEDO	640 WORCESTER RD# 102
X Add			FRAMINGHAM, MA 01702
Remove			
2) Change	PD	GILSON R. DEOLIVEIRA	32 RANGER RD
X		•	NATICK, MA 01760
Remove 3) Change	S	HEVELINE F. OLIVEIRA	32 RANGER RD
X Add	*******		NATICK, MA 01760
Remove			
4) Change	T	MARIA J. MAGALHAES CRUZ	Po Box 283
X Add			Framingham, MA 01704
Remove	PD	CARLOS ALBERTO SILVA	15248 S TAMIAMI TRAIL
. 5) Change Add			FT. MYERS, FL 33908
X Remove			
6) Change	DS	EDILSON DOS SANTOS PEREIRA	1680 EL JOBEAN RD 3-4
Add			PORT CHARLOTTE, FL 33948
X			
		Page 2 of 4	

E. If amending or adding additional Arti	cles, enter change(s) hert:
E. If amending or adding additional Arti (attach additional sheets, if necessary).	(Be specific)
(1
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The date of each :	amendmen	t(s) adoption: 08/26/2014	, if other than the
date this document			_
Effective date <u>if g</u>	nnlicable:	08/26/2014	
		(no more than 90 days after amendment file date)	_
Adoption of Ame	ndment(s)	(CHECK ONE)	
☐ The amendme was/were suff		vere adopted by the members and the number of votes cast for the amendment(s) oproval.	
There are no adopted by the		members entitled to vote on the amendment(s). The amendment(s) was/were directors.	•
Date	d <u>08/</u>	26/2014	
Sign	attire	The state of the s	<u> </u>
	have	court appointed fiduciary by that fiduciary)	
		ANTONIO D. DE AZEVEDO	
•		(Typed or printed name of person signing)	
		VICE PRESIDENT	
•		/Title of person signing)	