

7/11/2016 1:51 PM

FROM: 888-344-7262

TO: 185-617-6380

Division of Corporations

Page 1 of 2

N06000000898

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 : TIMELINE BUSINESS CENTER LLC
Account Number : I20150000034
Phone : (239) 344-7417
Fax Number : (888) 344-7262

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

Email Address: SALFELIPE@ME.COM

16 JUL 11 PM 4:43
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
ASSEMBLEIA DE DEUS COLHEITA CORP**

Certificate of Status	0
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Page Count	07
Estimated Charge	\$35.00

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TO: +18506176380

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: ASSEMBLEIA DE DEUS COLHEITA CORP

DOCUMENT NUMBER: N06000000898

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

Please return all correspondence concerning this matter to the following:

ISMAEL CARDOSO

(Name of Contact Person)

TIMELINE BUSINESS CENTER LLC

(Firm/ Company)

8981 DANIELS CENTER DR 208

(Address)

FORT MYERS, FL 33912

(City/ State and Zip Code)

salfelipe@me.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ISMAEL CARDOSO

239

344-7417

(Name of Contact Person)

at

(Area Code)

(Daytime Telephone Number)

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

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$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
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

RECEIVED
DIVISION OF CORPORATIONS
16 JUL 11 PM 4:43

Articles of Amendment
to
Articles of Incorporation
of

ASSEMBLEIA DE DEUS COLHEITA CORP

(Name of Corporation as currently filed with the Florida Dept. of State)

N06000000898

(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 corporation:

GRACE FIRST ASSEMBLY OF GOD CORP

The new

name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1720 El Jobean Rd

Port Charlotte, FL 33948

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1853 Royalview Dr

Port Charlotte, FL 33948

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

(Florida street address)

New Registered Office Address:

(City) Florida (Zip Code)

New Registered Agent's Signature, If changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, If changing

SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 JUL 11 PM 4:43

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>PD</u>	<u>Salmon F. Da Silva</u>	<u>20363 Lorette Ave</u> <u>Port Charlotte, FL 33954</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VPD</u>	<u>Antonio Oliveira Neto</u>	<u>8671 Pegasus Dr</u> <u>Lchigh Acres, FL 33971</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>TD</u>	<u>Edimilson P. Dos Santos</u>	<u>123 Annapolis Ln</u> <u>Rotonda West, FL 33947</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>S</u>	<u>Rodrigo C. Da Costa</u>	<u>1147 E Price Blvd</u> <u>North Port, FL 34288</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Iona S. Massambani Silva</u>	<u>20363 Lorette Ave</u> <u>Port Charlotte, FL 33954</u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>PD</u>	<u>Gilson R Deoliveira</u>	<u>32 Ranger Rd</u> <u>Natick, MA 01760</u>

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)

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Example:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	<u>S</u>	<u>Heveline F Oliveira</u>	<u>32 Ranger Rd</u>
<input type="checkbox"/> Add			<u>Natick, MA 01760</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>VPD</u>	<u>Antonio D. De Azevedo</u>	<u>640 Worcester RD #102</u>
<input type="checkbox"/> Add			<u>Framingham, MA 01702</u>
<input checked="" type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	<u>T</u>	<u>Maria J Magalhaes Cruz</u>	<u>P.O. Box 283</u>
<input type="checkbox"/> Add			<u>Framingham, MA 01704</u>
<input checked="" type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

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TO: +18506176380

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The date of each amendment(s) adoption: 07/11/2016, if other than the date this document was signed.

Effective date if applicable: 07/11/2016
(no more than 90 days after amendment file date)

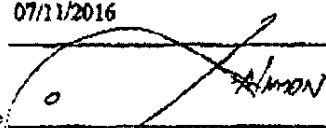
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 07/11/2016

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)

SALMAO F DA SILVA

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)