N0800003000

(Re	questor's Name)	
(Add	dress)	
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. (City	y/State/Zip/Phon	e #)
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M/C: 8/27/10

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Total Grace C	thristian Center of Ja	cksonville, Inc.
DOCUMENT NUMBER: NO800003000)	
The enclosed Articles of Amendment and fee are submit	tted for filing.	
Please return all correspondence concerning this matter	to the following:	
Timothy Staier (Name of Co	ontact Person)	
(Firm/ C	Company)	· · · · · · · · · · · · · · · · · · ·
11382 Brian Lakes	Pr. dress)	
Jacksonville, FL 32 (City/State a	-22 (and Zip Code)	
tim@timstaier.com E-mail address: (to be used for	or future annual report notificatio	n)
For further information concerning this matter, please ca	all:	
Timothy Staier (Name of Contact Person)	at (<u>904</u>) <u>635-78</u> (Area Code & Daytime	75 (Telephone Number)
Enclosed is a check for the following amount made pay-	able to the Florida Department of	State:
\$35 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 Ci Tallahassee, FL 32301	rcle

Articles of Amendment to

Articles of Incorporation

of

Total Grace Christian Center (Name of Corporation as current)	er of Jac y filed with th	Kgonville, Inc le Florida Dept. of Sta	<u>.</u> ute)	
N08000003000				
(Document Number	of Corporation	on (if known)		
Pursuant to the provisions of section 617.1006, Flo the following amendment(s) to its Articles of Incor		this Florida Not For Pr	rofit Corporation add	pts
A. If amending name, enter the new name of the	e corporation	<u>:</u>		
Elevate Life Church,	Inc			
The new name must be distinguishable and conto			orporated" or the	
abbreviation "Corp." or "Inc." "Company" or "(o," may not i	be usea in the name.		
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A		N/A		
(17 meiput byjete dauress <u>most be ABIRED) (</u>	(DDKLDD)		To kilden .	
				7 3
O D		,	2 2	ent.
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)	N/A		
		·		
	-		2	,
			Company and the	
D. If amending the registered agent and/or regi			ter the name of the	
new registered agent and/or the new register	ea omce add	ress: /_		
Name of New Registered Agent:	~~/	A	_	
New Registered Office Address:	(Floria	la street address)	_	
			_, Florida	
		(City)	(Zip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered as position.	<mark>Registered Ag</mark> gent. I am f	ent: amiliar with and accep	ot the obligations of	the
Sign	ature of New I	Registered Agent, if cha	anging	

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
Anadolis and Brandshire and American	<u></u>		☐ Add ☐ Remove
			F**1 ~
E. If amend (attach ad	ling or adding additional Art dditional sheets, if necessary).	icles, enter change(s) here: (Be specific)	

The date of each amendment(s) adoption: 08/19/2010
Effective date if applicable: (no more than 90 days after amendment file date)
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.
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, o other court appointed fiduciary by that fiduciary) Timothy D. Staier
(Typed or printed name of person signing)
President (Title of person signing)
(Title of below signing)

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