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EXTENSIVE UNIT





#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: Grace Ministry	y of Florida, Inc.	
DOCUMENT NUM	BER: N10000000232		
The enclosed Article.	s of Amendment and fee are sub	omitted for filing.	
Please return all corre	espondence concerning this mat	ter to the following:	
	<del></del>	vin Craven Contact Person)	
	(Nume of	Contact 1 croony	
	Grace Minis	stry of Florida, Inc.	
	(Firm	n/ Company)	
	12579 N	NE 21 Terrace	
	(4	Address)	<del></del>
	Pronfo	rd El 22009	
		rd, FL 32008 te and Zip Code)	
<del></del>		ace-ministry.net d for future annual report notific	ation)
For further information	on concerning this matter, please	e call:	
Kevin Craven		at ( 386 ) 935-230	00
(Name	of Contact Person)		me Telephone Number)
Enclosed is a check f	or the following amount made p	ayable to the Florida Departmen	t 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		Street Address Amendment Section	
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building	
	hassee, FL 32314	2661 Executive Cente Tallahassee, FL 3230	

### **Articles of Amendment Articles of Incorporation**

Grace Ministry of Florida, Inc.

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

#### N1000000232

(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:

he new name must be distinguishable and cobbreviation "Corp." or "Inc." <u>"Company" o</u>		
Enter new principal office address, if app Principal office address <u>MUST BE A STREE</u>		
Enter new mailing address, if applicables		
new registered agent and/or the new regis		enter the name of the
new registered agent and/or the new regis	stered office address:	enter the name of the
		enter the name of the

Signature of New Registered Agent, if changing

## 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>	<u>Address</u>	Type of Action
Board.	Jimmy Corbin	377 NW Dekatur Rd.	🗹 Add
		Mayo, FL 32066	
•			<del></del>
Board	Christy Watson	1879 S. US-129	
		Bell, FL 32619	Remove
Board	Fred Scaggs	0.40.1/5.000// 4	
Boars	red Staggs	240 NE 938th Ave. Branford, FL 32008	
E. If amend	ling or adding additional Articl	es. enter change(s) here:	
(attach ad		(Be specific)	
	·		
		, , , , , , , , , , , , , , , , , , ,	

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### SUBJECT: Grace Ministry of Florida, Inc.

In addition to the (3) names listed on page 2 of 3 in this set, to be added to our board, please add the following individual to our Board of Directors:

Grover Scott; Board Member 7025 Woodward Rd. St. Augustine, FL 32092

The date of each amendment	t(s) adoption: September 15, 2010
Effective date <u>if applicable</u> :	(date of adoption is required)  October 1, 2010
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we was/were sufficient for app	re adopted by the members and the number of votes cast for the amendment(s) roval.
There are no members or adopted by the board of dir	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.
	$\bigwedge$
Dated Sep	tember 17, 2010, /
Signature	
	the chairman or vice chairman of the board, president or other officer-if directors
	e not been selected, by an incorporator – if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary)
	, , , , , , , , , , , , , , , , , ,
	Kevin Craven
	(Typed or printed name of person signing)
	President
	(Title of person signing)

Page 3 of 3