## N11656

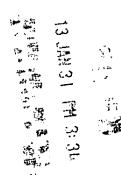
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Aprend. 2-1-13

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Grace Jor	res Community Center, Inc.
DOCUMENT NUMBER: N 11656	
The enclosed Articles of Amendment and fee are subm	nitted for filing.
Please return all correspondence concerning this matter	to the following:
Jessica Hernstadt	
	(Name of Contact Person)
	(Firm/ Company)
5409 Overseas Highway	# 344 (Address)
Marathon, FL 3305	
(	City/ State and Zip Code)
Miamijessa aol. Co	for future annual report notification)
For further information concerning this matter, please of	rall:
Jessica Hernstadt (Name of Contact Person)	at ( <u>305</u> ) <u>495-3333</u> (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount made pay	rable to the Florida Department of State:
\$35 Filing Fee \$ Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certified Copy (Additional Copy is Enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Street Address Amendment Section Division of Corporations Clifton Building

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

of (Name of Corporation as currently filed with the Florida Dept. of State) N 11656 (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: 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 ) 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 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 uddress) New Registered Office Address: Florida (City) (Zip Code)

Page 1 of 4

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

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

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	<u>V</u> <u>Mik</u>	n Doe e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	5D_	Jo orego	
2) Change Add	TD	JOE D. ORR	
Remove  3 ) Change  Add Remove	_S_	Jan Burch	1515 Sombrero Blva B-2, Maratnon, FL 33050
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

(attach additional sheets, if nece.	ssary). (Be s	specific)	<u></u>		
Article VI "Boa deleted in ; ts	rd of 1	Directors,"	number	4 shall	be
deleted in its	entic	<u></u>			- <del></del> .
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The	The date of each amendment(s) adoption: 9/1/12				
Effe	ective date if applicable:				
	(no more than 90 days after amendment file date)				
Ada	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.				
M	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 9/1/12				
	Signature Justica (10 instadt, VP				
	(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)				
	TESSICA HERNSTADT (Typed or printed name of person signing)				
	MCE PRESIDENT				
	(Title of person signing)				