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TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATIO	Solid Rock Evangeli ON:	cal Fellowship, Inc.			
DOCUMENT NUMBER:		NI	2000	008315	
The enclosed Articles of Am	endment and fee are sub	mitted for filing.			
Please return all corresponde	ence concerning this matte	er to the following:			
Kristen Ogden					00.
		(Name of Contact I	Person)		7-6
					포
		(Firm/ Compar	1у)		Ę
333 Westwood Drive					Ø.
		(Address)			
Leesburg, FL 34748					
		(City/ State and Zip	Code)		
kriso@mcinburnsed.com					
12	-mail address: (to be used	for future annual re	port notificatio	n)	
For further information conc	eming this matter, please	call:			
Kristen Ogden		я	(352)	787-1241	
	(Name of Contact Person			(Daytime Telephone	Number)
Enclosed is a check for the f	ollowing amount made pa	yable to the Florida	Department of	State:	
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fed Certified Copy (Additional copy enclosed)	is Certification (Addition	0 Filing Fee ficate of Status fied Copy itional Copy is osed)	
Mailing A Amendme Division o P.O. Box 6	nt Section f Corporations	Ā D	treet Address mendment Sect livision of Corp lifton Building		

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



SOLID ROCK EVANGELICAL FELLOWSHIP, INC.

(Name of Corporation	as currently filed with the	Florida Dept. of State)
N12000008315		
(Docur	ment Number of Corporation	(if known)
Pursuant to the provisions of section 617.1006, Flo amendment(s) to its Articles of Incorporation:	rida Statutes, this <i>Florida N</i>	ot For Profit Corporation adopts the following
A. If amending name, enter the new name of the	e corporation:	
GRACE EVANGELICAL PRESBYTERIAN CH	URCH, INC.	The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam	• -	orated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A		
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE</u>	<i>BOX</i>)	
D. If amending the registered agent and/or regineral new registered agent and/or the new register		rida, enter the name of the
Name of New Registered Agent:	KRISTEN OGDEN	
	333 WESTWOOD DRIVE	
New Registered Office Address:	;	(Florida street address)
	LEESBURG	FL 34748
	(City)	(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen	oi. I am familiar with and a	ccept the obligations of the position. 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)

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>PT</u> <u>V</u> <u>SV</u>	John Do Mike Jo Sally Sn	nes		
Type of Action (Check One)	Title		Name		<u>Addres</u> s
1) Change Add		-		-	
Remove					
2) Change Add		-	<u> </u>	-	<u>, </u>
Remove 3) Change		_		-	
Add				-	
4)Change		_	· 	-	
Add				-	
5) Change Add		-		_	
Remove				-	7411
6) Change Add		-		-	
Remove				_	

. If amending or a (attach additional	sheets, if necessar	y). (Be specific)		
		<u>.</u>			
		· · · <u>- · · · · · · · · · · · · · · · ·</u>			
		_			

	e date of each amen e this document was	dment(s) adoption: _		, if other than the
EM	ective date <u>if applic</u>	able:(no	more than 90 days after amendment file date)	
		ed in this block does no te on the Department o	of meet the applicable statutory filing requirements, this date will not be f State's records.	e listed as the
Ad	option of Amendme	nt(s) (<u>C</u>	HECK ONE)	
	The amendment(s) was/were sufficien		he members and the number of votes cast for the amendment(s)	
	There are no memi adopted by the box		d to vote on the amendment(s). The amendment(s) was/were	
	Dated	10/01/2017		
	Signature		see below,	_
		have not been selected	te chairman of the board, president or other officer-if directors I, by an incorporator – if in the hands of a receiver, trustee, or fiduciary by that fiduciary)	
		Allan Pinkham	allan Vulsham	
		-	(Typed or printed name of person signing)	
		Vice President		
		· · · · · · · · · · · · · · · · · · ·	(Title of person signing)	