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COVER LETTER

TO: Amendment Section Division of Corporations

Graceful Bingo Corp NAME OF CORPORATION:
N13000007125 DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Sherry Hood
(Name of Contact Person)
Graceful Bingo Corp
(Firm/ Company)
81 Smith Dr
(Address)
Daleville, AL 36322
(City/ State and Zip Code)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Sherry Hood at
(Name of Contact Person) (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 & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) 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

Articles of Amendment to Articles of Incorporation of

Graceful Bingo Corp			
(Name of Corporation as curren	ly filed with the Fl	orida Dept. of State)	
N13000007125			
(Document Number	er of Corporation (if	known)	
Pursuant to the provisions of section 617.1006. Florida Statute imendment(s) to its Articles of Incorporation:	s, this <i>Florida Not I</i>	For Profit Corporation adopts the	following
A. If amending name, enter the new name of the corporati	<u>on:</u>		
			The new
name must be distinguishable and contain the word "corporat" Company" or "Co." may not be used in the name.	ion" or "incorporal	ed" or the abbreviation "Corp." (n "Inc."
B. <u>Enter new principal office address, if applicable:</u> Principal office address <u>MUST BE A STREET ADDRESS</u>)			
Enter new mailing address, if applicable:			2
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		**************************************	AUG
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). If amending the registered agent and/or registered offic	e address in Florid	a enter the name of the	¥ −
new registered agent and/or the new registered office a		The state of the s	: 42
Name of New Registered Agent:		78	
New Registered Office Address:	•	(Florida street address)	
		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am far		pt the obligations of the position.	
	anature of New Rea	istered 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	PT John Do Y Mike Jo SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) X Change	P	Jereline Minks	1105 Meadow Lake Drive
Add			Ozark, AL 36360
Remove			
2) Change	P	Sherry Hood	81 Smith Drive
X Add			Daleville, AL 36322
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		· · · · · · · · · · · · · · · · · · ·	
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Arti utach additional sheets, if necessary).	(Be specific)
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	e date of each amendment(s) adoption:	, if other than the
iate	e this document was signed.	
r.ffe	ective date if applicable:	-,
	(no more than 90 days after amendment file date)	
	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will a tument's effective date on the Department of State's records.	not be listed as the
۷da	option of Amendment(s) (<u>CHECK ONE</u>)	
	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 7 Aug. 2017	
	Signature Quel 17/11/11/16	
	(Bythe 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)	
	Jerlene Minks	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	