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SECRETARY OF STATES

SEP 1 6 2016 C LEWIS

COVER LETTER

Division of Corporations Abundant Grace Church INC. DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: (Name of Contact Person) Abundant Grace church INC. (Firm/ Company) 36 Braddock LN.

(Address)

Palm Coast, FLorida 32137

(City/State and Zip Code) Tony Coates 3 @ hotmail. Com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: TONY L. CoateS

(Name of Contact Person)

at 386 - 576 - 7898

(Area Code) (Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee \$\omega\$\$43.75 Filing Fee & \$\omega\$\$43.75 Filing Fee & \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed)

Mailing Address

TO: Amendment Section

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 Amendament	t still
	to Articles of Incorporation	ALCKETARY OF STATE STYLSTON OF CORPORATION.
Abundant Grace Name of Corporation N/16 9 9 9 9 9 2 9 32	Church I	2016 SEP -8 AM 10: 36
(Name of Corporation	as currently filed with the Flori	da Dept. of State)
N 16 0000002932		•
(Docum	ent Number of Corporation (if kn	own)
husuant to the provisions of section 617.1006, Flor mendment(s) to its Articles of Incorporation:	ida Statutes, this <i>Florida Not For</i>	Profit Corporation adopts the following
A hundant Gyace ame must be distinguishable and contain the word Company" or "Co," may not be used in the name	Family Minis "corporation" or "incorporated"	Strics Inc. The new or the abbreviation "Corp." or "Inc."
l. Enter new principal office address, if applicat Principal office address <u>MUST BE A STREET AI</u>		
Enter new malling address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u> </u>	
If amending the registered agent and/or registered agent and/or the new registered Name of New Registered Agent:		enter the name of the
tagne of New Newsiered Agent.		
New Registered Office Address:	(Florida street address)	
		Florida
•	(City)	(Zip Code)
New Revistered Agent's Signature, if changing R hereby accept the appointment as registered agent	e <u>pistered Agent:</u> . I am familiar with and accept to	he obligations of the position.
_	Signature of New Registe	red 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 I V Mike SV Sally	<u>Jones</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1)Change		<u> </u>	· · · · · · · · · · · · · · · · · · ·
Add Remove			
2)Change			
Add			
Remove 3)Change			
Add			
4);hange			
Add			
Remove			
5) Change Add		····	
Remove			
6)hange			
Add		D 44	

f amending or adding additional Arti attach additional sheets, if necessary).	(Be specific)		
			

The date of each amendment(s) ad	loption: MARCH 21, 2016	PALLA Sylf other than the
date this document was signed.	,	HVISION OF CORFORATION
Effective date if applicable:		ent file date) 2018 SEP -8 AM ID: 36
	(no more than 90 days after amendme	ent file date) 2019 3L1
Note: If the date inserted in this block document's effective date on the Dep	ck does not meet the applicable statutory fili partment of State's records.	ng requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add was/were sufficient for approval	opted by the members and the number of vo	tes cast for the amendment(s)
There are no members or members adopted by the board of director	ers entitled to vote on the amendment(s). Thers.	he amendment(s) was/were
Dated SEPT	EMBER 5, 2016	
Signature	(Cooks	
have not been	nan or vice chairman of the board, president n selected, by an incorporator – if in the han ppointed fiduciary by that fiduciary)	
7	Tony L Coates (Typed or printed name of per	son signing)
ρ_{α}	stor	
	(Title of person sig	ning)