

N160000003664

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2016 OCT -6 PM 2:56

SEC. OF STATE  
TALLAHASSEE, FL 32301

Amend

OCT 10 2016

I ALBRITTON

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Grace Of Deliverance INC.

DOCUMENT NUMBER: N16000003664

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Abadiiah Hunter  
(Name of Contact Person)

Grace Of Deliverance INC.  
(Firm/ Company)

1080 Cypress Parkway, #1155  
(Address)

Kissimmee, FL 34759  
(City/ State and Zip Code)

www.gracehunter66@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Abadiiah Hunter at 407-860-9833  
(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:

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>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 Incorporation  
of

Grace Of Deliverance, Inc.

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

116000003664

(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:**

*The new 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)

1080 Cypress Parkway #1155  
Kissimmee FL 34759

**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 address)

New Registered Office Address:

(City)

, Florida

(Zip Code)

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

*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*

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STATE OF FLORIDA  
TALLAHASSEE

Please note the officer/director title by the first letter of the office title:

*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.*

### X Change

X Remove

**X Add**

PT

John Doe

V

**Mike Jones**

SV

**Sally Smith**

**Title**

Name

Address

- |  |         |                 |  |
|--|---------|-----------------|--|
| 1) <input checked="" type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input type="checkbox"/> Remove | PCEO    | Obadiah Hunter  | 2413 Topsoil<br>Island Way<br>Kissimmee Fl. 34746  |
| 2) <input checked="" type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input type="checkbox"/> Remove | TCFO VP | Latishea Hunter | 2413 Topsoil<br>Island Way<br>Kissimmee Fl. 34746  |
| 3) <input checked="" type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input type="checkbox"/> Remove | TREC    | Victor Belaford | 310 S. Jeff Davis Dr.<br>Fayetteville GA.<br>30215 |
| 4) <input type="checkbox"/> Change<br><input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove | S       | Kathy McClean   | 3832 Golden<br>Feather Kissimmee<br>Fl. 34746      |
| 5) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove | VP      | Bobby Coney     | 301 Dog fish Ct.<br>Poinciana Fl.<br>34759         |
| 6) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |         |                 |  |

[illegible]

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption 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.
- ☐ 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 9-19-16

Signature Obadiiah Hunter  
(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)

Obadiiah Hunter  
(Typed or printed name of person signing)

President/Chief Executive Officer  
(Title of person signing)