N16000009551

| (Requestor's Name) |
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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION | Malec Church Minist | ries, Inc | | |
|------------------------------|--|--|--|---------------|
| | N160000009551 | *************************************** | | |
| DOCUMENT NUMBER: | | | | |
| The enclosed Articles of An | nendment and fee are subm | itted for filing. | | |
| Please return all correspond | ence concerning this matter | to the following: | | |
| Joseph Devarenc | | | | |
| | (| Name of Contact Perso | n) | |
| Malee Church Ministries, Ir | nc | | | |
| | | (Firm/ Company) | | |
| P O Box 9692 | | | | |
| | | (Address) | | |
| Coral Springs, Florida 330 | 75 | | | |
| | (| City/ State and Zip Cod | (c) | |
| devarenej@gamil.com | | | | |
| <u> </u> | E-mail address: (to be used | for future annual report | notification) | |
| For further information con- | cerning this matter, please o | all: | | |
| Joseph Devarene | 954-708-672C at | | | |
| | (Name of Contact Person) | (A | rea Code) (Daytime Telep | ohone Number) |
| Enclosed is a check for the | following amount made pay | able to the Florida Dep | artment of State: | |
| ■ \$35 Filing Fee | □\$43.75 Filing Fee & [Certificate of Status | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed) | |
| Mailing / | Address | Street | Address | |

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

| MALCE Church Ministries, Inc. | | |
|---|--|--------------------------------------|
| (Name of Corporation as curre | ently filed with the Florida D | ept. of State) |
| N160000009551 | | |
| (Document Nun | nber of Corporation (if known) | |
| Pursuant to the provisions of section 617.1006, Florida Statuamendment(s) to its Articles of Incorporation: | ates, this <i>Florida Not For Proj</i> | fit Corporation adopts the following |
| A. If amending name, enter the new name of the corpora | ation: | |
| The Center of God's Grace Ministries, Inc. | | The new |
| name must be distinguishable and contain the word "corpor "Company" or "Co." may not be used in the name. | ration" or "incorporated" or t | he abbreviation "Corp." or "Inc." |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES. | <u>s</u>) | |
| C. Enter new mailing address, if applicable: | P O Box 9692 | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | Coral Springs, Florida | |
| | 33075 | |
| D. If amending the registered agent and/or registered of new registered agent and/or the new registered office | | the name of the |
| Name of New Registered Agent: | | |
| | | |
| New Registered Office Address: | (Florida s | treet address) |
| | | , Florida |
| | (City) | (Zip Code) |
| New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am j | | AUG AUG |
| | Signature of New Registered i | Agent, if changing F. 2 |
| | Page 1 of 4 | ₩ 3u |

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> ! | John Doe Mike Jones Sally Smith | |
|----------------------------------|-------------|---------------------------------------|------------------------|
| Type of Action (Check One) | Title | <u>Name</u> | <u>Address</u> |
| 1) Change | <u>s</u> | Josleen Campbell | P O Box 9692 |
| X Add | | | Coral Springs, Florida |
| Remove | | | 33075 |
| 2) Change | | | |
| Add | | | |
| Remove | | | |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | <u> </u> | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| ttach additional sheets, if necessary). | (Be specific) | | | | |
|---|---------------------------------------|--------------|--------------|-------------|-----|
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| | e date of each amer this document was | August 9, 2017 pdment(s) adoption: signed. | _, if other than the |
|-----|--|--|----------------------|
| Eff | ective date <u>if appli</u> | August 9, 2017 | |
| | <u>pp</u> | (no more than 90 days after amendment file date) | |
| | | ed in this block does not meet the applicable statutory filing requirements, this date will not be the Department of State's records. | e listed as the |
| Ado | option of Amendm | ent(s) (<u>CHECK ONE</u>) | |
| | The amendment(s was/were sufficier | was/were adopted by the members and the number of votes cast for the amendment(s) at for approval. | |
| | There are no mem adopted by the bo | bers or members entitled to vote on the amendment(s). The amendment(s) was/were ard of directors. | |
| | Dated | August 9, 2017 | |
| | Signature | - Friend | _ |
| | | (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) | |
| | | Joseph Devarenc | |
| | | (Typed or printed name of person signing) | |
| | | President | |
| | | (Title of person signing) | |