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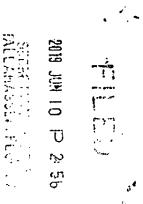
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(C	ity/State/Zip/Phone	#)	
PICK-UP	☐ WAIT	MAIL	
(B	usiness Entity Name	e)	
(Document Number)			
Certified Copies	Certificates	of Status	
Special Instructions to	Filing Officer:		

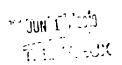
Office Use Only



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COVER LETTER

Division of Corporations
NAME OF CORPORATION: The Center of God's Grace Ministries, Inc
DOCUMENT NUMBER: N/6000009551
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Soseph Devarene (Name of Contact Person)
(Name of Contact Person)
The Center of God's Grace Ministries, Inc (Firm/ Company)
(Firm/ Company)
P.O Box 9692
(Address)
Coral Springs, 2l 33075 (City/ State and Zip Code)
(City/ State and Zip Code)
devuene ja omail. Com Jemail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Juseph Devarene at 954-708-6720 (Name of Contact Person) (Area Code) (Daytime Telephone Number)
(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 Certificate of Status Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is Enclosed)
Mailing Address Street Address

Amendment Section
Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

TO: Amendment Section

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



May 24, 2019

JOSEPH DEVARENE P.O. BOX 9692 CORAL SPRINGS, FL 33075

SUBJECT: THE CENTER OF GOD'S GRACE MINISTRIES, INC.

Ref. Number: N16000009551

We have received your document for THE CENTER OF GOD'S GRACE MINISTRIES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you sent in is not correct. You have the first part of the document for a Non-profit and the last part for a Profit corporation. I am sending you the correct document for you to file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux Regulatory Specialist II

SUCRE NO PMIZE I

Letter Number: 019A00010590

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: The Center of God'o Grace Ministre, In
DOCUMENT NUMBER: <u>N/60000</u> 955 /
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Joseph Divarene (Name of Contact Person)
(Name of Contact Person)
The Certic of bod's Huse Ministrie, Inc
(Firm/ Company)
P.O. BY 9692
(Address)
Coral Springs, J. l. 33075 (City/ State and Zip Code)
(City/ State and Zip Code)
Centerofysic ministries 061 @ gmail. Con E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
a contraction concerning and marker, prease can.
Same of Contact Person at 954.708-6720 (Name of Contact Person) (Area Code) (Daytime Telephone Number)
(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:
S35 Filing Fee S43.75 Filing Fee & S43.75 Filing Fee & Certificate of Status Certificate of Status Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is Enclosed)
N. W. A. I.

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

N16000009551	Grace Ministrus Ine			
(Name of Corporation as currently filed with the Florida Dept. of State)				
N16000009551	Zuij Jen 10			
(Docume	ent 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:				
	Hobal Ministree; Inc The new "corporation" or "incorporated" or the abbreviation "Corp." or "Inc."			
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Bo	<u>ox</u>)			
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:				
New Registered Office Address:	(Florida street address)			
	. Florida			
-	(City) (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			

E. If amending or adding additional Arti (attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
((ac specific)
	• • • • • • • • • • • • • • • • • • • •
	

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 Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			· · · · · · · · · · · · · · · · · · ·
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
δ) Change			
Add			
Remove			

		0-1/2000	2
	edate of each amendment(s) adopti this document was signed.	on: 10 11 27, 2019	, if other than the
iaic	tinis document was signed.	an 2 70 700	
Effe	ective date <u>if applicable</u> :	ync 21, 2011	
		(no more than 90 days after amendment file o	date)
	e: If the date inserted in this block dument's effective date on the Departn	pes not meet the applicable statutory filing requient of State's records.	tirements, this date will not be listed as the
٩d٥	option of Amendment(s)	(<u>CHECK ONE</u>)	
	The amendment(s) was/were adopte was/were sufficient for approval.	d by the members and the number of votes cast	for the amendment(s)
#	There are no members or members of adopted by the board of directors.	entitled to vote on the amendment(s). The amen	ndment(s) was/were
	Dated	4/19	
	Signature	- Bul	
		or vice chairman of the board, president or other	
		ected, by an incorporator – if in the hands of a nted fiduciary by that fiduciary)	receiver, trustee, or
		JOSEPH DEVARE	NE
		(Typed or printed name of person sig	gning)
		President.	
		(Title of person signing)	