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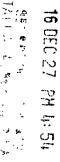
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### **COVER LETTER**

TO: Amendment Section Division of Corporations

Saving Grace & S	Second Chances, Inc.
N16000010775 DOCUMENT NUMBER:	
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are s	submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Christine A Brooks-Blair	
	(Name of Contact Person)
Saving Grace & Second Chances, Inc.	
	(Firm/ Company)
977 Arden St.	
	(Address)
Pensacola, FL 32504	
	(City/ State and Zip Code)
swerv.cb@gmail.com	
E-mail address: (to be u	sed for future annual report notification)
For further information concerning this matter, plea	ase call:
Christine A. Brooks-Blair	941 961-5821 at
(Name of Contact Pers	
Enclosed is a check for the following amount made	e payable to the Florida Department of State:
\$35 Filing Fee  \$43.75 Filing Fee Certificate of State	& 🗆 \$43.75 Filing Fee & D\$52.50 Filing Fee  us Certified Copy (Additional copy is enclosed)
Mailing Address	Street Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

Print Constitution

## **Articles of Amendment** to Articles of Incorporation

16 DEC 27 PH 4: 54 SECRECARE CALL

Saving Grace & Second Chances, Inc.	·	,
(Name of Corporation as c	urrently filed with the Flor	rida Dept. of State)
N16000010775		
(Document	Number of Corporation (if k	nown)
Pursuant to the provisions of section 617,1006, Florida Samendment(s) to its Articles of Incorporation:	Statutes, this Florida Not Fo	or Profit Corporation adopts the following
A. If amending name, enter the new name of the cor	poration:	
		The new
name must be distinguishable and contain the word "co. "Company" or "Co." may not he used in the name.	rporation" or "incorporated	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	RESS )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX		
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	d office address in Florida, fice address:	enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(FI	orida street address)
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regist hereby accept the appointment as registered agent. It	tered Agent: am familiar with and accept	the obligations of the position.
	Signature of New Regist	ered 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	<u>V</u> <u>Mik</u>	n Doe e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) W/A Change	VP	Blair, Christopher R.	977 Arden St.
Add	<del></del>		Pensacola. FL 32504
Remove			
2) Change	VP	Remel, Brandon S.	977 Arden St.
X Add			Pensacola, FL 32504
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			<del></del>
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)							
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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 o	mendment file date)
Note: If the date inserted in this block does not meet the applicable state document's effective date on the Department of State's records.	atory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and the numl was/were sufficient for approval.	per of votes cast for the amendment(s)
There are no members or members entitled to vote on the amendment adopted by the board of directors.	ent(s). The amendment(s) was/were
December 12, 2016  Dated	
Signature C	-h
(By the chairman or vice chairman of the board, have not been selected, by an incorporator – if i other court appointed fiduciary by that fiduciary	n the hands of a receiver, trustee, or
Christine A. Brooks-Blair	
(Typed or printed na	me of person signing)
President	
(Title of	person signing)