## N1700001672

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MUNICIE 2017 S. IFRVATHER

## COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: GRACE IN TRUI	TH SHELTERS, INC.				
DOCUMENT NUMB						
The enclosed Articles o	f Amendment and fee are su	ibmitted for filing.				
Please return all corresp	ondence concerning this ma	itter to the following:				
9	STEVE COLEMAN					
		Name of Contact Person	n			
(	GRACE IN TRUTH SHELT	TERS, INC.				
-		Firm/ Company				
	CASA SELISIOTOS CAUDE					
- -	5353 ARLINGTON EXPRESSWAY, SUITE 210					
	Address					
. j 	ACKSONVILLE, FL 3221	<u></u>				
		City/ State and Zip Cod	e			
VOHW	/orshipCenter@gmail.com					
	E-mail address: (to be us	sed for future annual report	notification)			
For further information	concerning this matter, pleas	se call:				
Steve Coleman		727 at (	543-6333 de & Daytime Telephone Number			
Name of	Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check for	the following amount made	payable to the Florida Depa	irtment of State:			
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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

to

	Articles of Incorporat
	of
FRACE IN TRUTH SHELTERS, INC.	

( <u>Name</u>	of Corporation as currer	itly filed with the Florida Dept.	of State)		
N17000001672					
	(Document Number	of Corporation (if known)	<del></del> -		
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, thi	is Florida Profit Corporation add	opts the following a	mendn	ient(s
A. If amending name, enter the new n	ame of the corporation:				
name must be distinguishable and cor "Corp." "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp." "Inc." or	"Co". A professional corporat	ated" or the abb	he ne reviatio ntain th	111
B. Enter new principal office address,	if applicable:	5353 Arlington Expressway			
(Principal office address <u>MUST BE A STREET ADDRESS</u> )		Suite 210	AA	17	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		Jacksonville, FL 32211	AH	N L	~~}
		5353 Arlington Expressway	587 772	26 PH	17
		Suite 210		1.5	
			9 m	20,	
D. If amending the registered agent ar new registered agent and/or the ne	nd/or registered office ad w registered office addre	dress in Florida, enter the name	of the		
Name of New Registered Agent	Steve Coleman				
	5353 Arlington Expressy	way, Suite 210			
	tFlorida s	treet address)			
New Registered Office Address:	Jacksonville		32211 Florida		
		(City)	(Zip Coo	le)	
New Registered Agent's Signature, if c I hereby accept the appointment as regist			of the position		
	A.				
	Signature of New	Registered 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	<u> PT</u>	John Doe			
X Remove	<u>V</u>	Mike Jones			
<u>X</u> Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s		
1) Change	С	DR. LARRY WRIGHT	13936 Atlantic Blvd.		
Add			Jacksonville, FL 32225		
X Remove					
2) Change	D	KELLY McKNIGHT	7701 Timberlin Park Blvd.		
Add			#122		
Remove			Jacksonville, FL 32256		
3) X Change	D	CHARLES TRAVIS	11152 Oak Ridge Drive South		
Add			Jacksonville, FL 32225		
Remove					
4) X Change	D	STEVE COLEMAN	5353 Arlington Expressway		
Add			Suite 210		
Remove			Jacksonville, Fl. 32211		
5) Change					
Add					
Remove					
6) Change	<u></u>				
Add					
Remove					

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

The da	of each amendment(s) adoption:	, i	f other	than th
date th	document was signed.			
73 CC	June 20, 2017			
Effecti	date if applicable:  (no more than 90 days after amendment file date)			
	tho more than 90 days after amenament fite date)			
Note: docum	the date inserted in this block does not meet the applicable statutory filing requirements, this date will t's effective date on the Department of State's records.	not be I	isted as	the
Adopt	n of Amendment(s) (CHECK ONE)			
	amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s)/were sufficient for approval.			
	re are no members or members entitled to vote on the amendment(s). The amendment(s) was/were pted by the board of directors.			
	Dated June 20, 2017			
	Signature			
	(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)	SEC:	ل 17	
	Steve Coleman	AHAN MANAN	JUN 2	
	(Typed or printed name of person signing)		9 P	; ; :
	Director		2: 5	,, <del></del>
	(Title of person signing)	7.	φ	

June 20, 2017