## N18000000 819

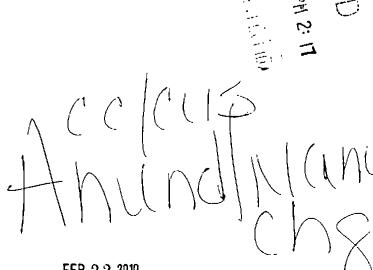
(F	Requestor's Name)			
<u> </u>	Address)			
(A	Address)			
(C	City/State/Zip/Phone #)			
PICK-UP	☐ WAIT ☐ MAIL			
(E	Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				

Office Use Only



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FEB 2 2 2019

**I ALBRITTON** 

## COVER LETTER

Division of Corporations Grace Period Inc. DOCUMENT NUMBER: N 180000081 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: (handi C. Hill (Name of Contact Person) (Firm/ Company) Blairstone Rd. Apt 724 Tallahassee, FL 32301
(City/State and Zip Code) hillrandi 22 @ gmail. com
E-mail address: (to be used for future admual report notification) For further information concerning this matter, please call: at 365 - 767 - 83 14 (Area Code) (Daytime Telephone Number) Mand: C. Hill Enclosed is a check for the following amount made payable to the Florida Department of State: ☑\$52.50 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & ■ \$35 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy is enclosed) Enclosed) Mailing Address Street Address Amendment Section **Amendment Section** Division of Corporations

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

TO: Amendment Section

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

Article	es of Amendment	
Article	to s of Incorporation	
Article	of	1811
Cirace Period	Inc.	ida Dept. of State)
(Name of Corporation as curren	tly filed with the Flori	da Dept. of State)
N1800000	08 <b>1</b> 9	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
	per of Corporation (if kn	
Pursuant to the provisions of section 617,1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this <i>Florida Not For</i>	Profit Corporation adopts the following
A. If amending name, enter the new name of the corporat	ion:	
CJ's House Inc.		an.
name must be distinguishable and contain the word "corpora	tion" or "incornorated	The new
"Company" or "Co." may not be used in the name.	mm memperateu	in the danger than on the
B. Enter new principal office address, if applicable:	501 Blair	rature Rd. Apt 724
(Principal office address <u>MUST BE A STREET ADDRESS</u>	Tallahasse	e, FL 32301
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		one Rcl. Apt 724 FL 32301
		<del></del>
D. If amending the registered agent and/or registered office and/or the new registered office a		enter the name of the
Name of New Registered Agent:		
501	Blairstone	Rd. Apt 724
New Registered Office Address:	[1.10	niau sireet aua css)
[all	(City)	, Florida <u>3</u> 2301
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered		the ablivations of the position

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, as 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	PT John I V Mike SV Sally	<u>Jones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	<u> </u>	William F. Richardson III	1641 SE Port Soint Jucie Blud. Port Saint Lucie FL 34962
2) Change Add	<u>SEC</u>	Volanda Jackson	1641 SE Part Saint Lucie Blud.
Remove 3 ) Change Add Remove	<u>5</u>	Tina Cure	Hort Saint Lucie, FL, 34953 1885 SW (creta In. Part Soint Lucie, FL 34953
4) X Change Add Remove	<u>D</u>	Randi C. Hill	501 Blairstone Rd Apt 724 Tallahasee, FL 32301
5) Change Add Remove			
6) Change Add Remove	<del></del>		

(attach additional sheets, if necessary). (Be specific)
To whom it may Concern:
I am submitting these forms because I would like
to dissolve "CJ's House Inc " So that I can use the
name I would like for Grace Period Inc." to be
Changed to "CJ's House Inc. " from this point forward.
I've attatched the dissolution forms for (I's House Inc.
So that I can help the name and transfer it over.
·

E. If amending or adding additional Articles, enter change(s) here:

The date of each amendment(s) adoption:	, if other than th
Effective date if applicable: 10 Coch 8 2019 (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 relocument's effective date on the Department of State's records.	not be listed as the
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 2 11. 19 Signature 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)	
Randi C. H.II	
(Typed or printed name of person signing)	

(Title of person signing)