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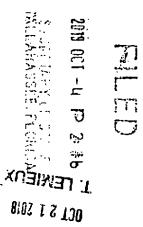
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COVER LETTER

TO: Amendment Section Division of Corporations

RAINS OF GR	RACE CHRISTIAN	ACADEMY CC	ORPOR	ATION
DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee ar	e submitted for filir	ng.		
Please return all correspondence concerning this	matter to the follow	wing:		
BAEZ, ANGEL L. Dr.				
	(Name of Co	ntact Person)		
RAINS OF GRACE CHRISTIAN ACADEMY	'CORPORATION			
		Company)	-	
2627 LEHIGH AVE				
	(Ade	lress)		
KISSIMMEE, FL 34741				
	(City/ State a	and Zip Code)		
E-mail address: (to b		muai report nous	ication)	
For further information concerning this matter,	please call:			
BAEZ, ANGEL L. Dr.				724-0103
(Name of Contact	Person)	(Area C	Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount n	nade payable to the	Florida Departme	ent of S	tate:
■ \$35 Filing Fee □\$43.75 Filing Certificate of \$	Fee & \$\Bigcap\$\$43.75 Fi Status Certified (Addition enclosed)	Copy al copy is	Certific Certific	Filing Fee cate of Status ed Copy onal Copy is sed)
Mailing Address		Street Ado	dress	

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

Articles of Amendment to Articles of Incorporation of

N18000012240		
(Name of Corporation as cur	rently filed with the Flor	ida Dept. of State)
RAINS OF GRACE CHRISTIAN ACADEMY CORPO	RATION	2019 001 -4 12 2 4
(Document N	umber of Corporation (if k	nown)
Pursuant to the provisions of section 617,1006. Florida Stamendment(s) to its Articles of Incorporation:	atutes, this Florida Not Fo	or Profit Corporation adopts the following
A. If amending name, enter the new name of the corpo	oration:	
		The new
name must be distinguishable and contain the word "corp" Company" or "Co." may not be used in the name.	ooration" or "incorporate	d" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRI	ESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
		de de la constant de
D. If amending the registered agent and/or registered new registered agent and/or the new registered off	<u>office address in Florida</u> fice address:	t, enter the name of the
Name of New Registered Agent:		
		Florida street address)
New Registered Office Address:		
		Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. To	ered Agent: um familiar with and accep	of the obligations of the position.
	Signature of New Regi	istered 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 = ChiefExecutive 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.

Time Dane in the state of			
Example: X_Change X_Remove X_Add	<u>V</u> <u>Mil</u>	n Doe ke Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
			Arroyo, Maelyn
1) Change			143 CAMBRIA GROVE CIRCLE
Add X Remove			Davenport, FL 33837
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	<u></u>		
Aild			

		_
 	 	
	<u> </u>	-

	09/27/2019	, if other than the
The date of each amendmendate this document was signed	l,	
CCC - the data if applicables	09/27/2019	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in t	his block does not meet the applicable statutory filing requirements, this date with the Department of State's records.	II not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/was/were sufficient for a	were adopted by the members and the number of votes cast for the amendment(s pproval.)
There are no members o adopted by the board of	r members entitled to vote on the amendment(s). The amendment(s) was/were directors.	
Dated	7/2019	
Signature	Ingel All	
have	e chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator — if in the hands of a receiver, trustee, or court appointed tiduciary by that fiduciary)	
В	AEZ, ANGEL L. Dr.	
_	(Typed or printed name of person signing)	
· P	resident - Spiritual Supertintendent	
_	(Title of person signing)	