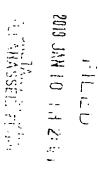


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A STORY OF

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TO: Amendment Section Division of Corporations

Division of Corporations	ı			
NAME OF CORPORATIO	Friends of Grace Inc N:			
N DOCUMENT NUMBER: _	119000000219			
DOCUMENT NUMBER: _				
The enclosed Articles of Ame	indment and fee are submi	itted for filing.		
Please return all corresponder	ace concerning this matter	to the following:		
Nancy Harrison				
	(Name of Contact Person	1)	
		(Firm/ Company)	<u>.</u>	
1322 Alshire Ct S				
		(Address)		
Tallahassee Ft. 32317				
	(1	City/ State and Zip Cod	e)	
ntharrisonepa@gmail.com				
E-	mail address: (to be used t	for future annual report	notification)
For further information conce	rning this matter, please c	all:		
Nancy Harrison	8502126799			
(Name of Contact Person)	(A)	rea Code)	(Daytime Telephone Number)
Enclosed is a check for the fo	flowing amount made pay	able to the Florida Depa	artment of S	itate:
S35 Filing Fee	□\$43.75 Filing Fee & □ Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing A	ddress	Street	Address	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment 10 Articles of Incorporation of

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	W	1 1 i.u. i.u.
Friends of Grace Inc		2019 JAN 10 1.4.2046
(Name of Corporation as	currently filed with the F	
N19000000219		NELAHASSEL FEL E
(Document	Number of Corporation (i	
Pursuant to the provisions of section 617,1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not	For Profit Corporation adopts the following
A. If amending name, enter the new name of the co	rporation:	
Families of Grace Inc.		The new
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	orporation" or "incorpore	ited" or the abbreviation "Corp." or "Inc."
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADD</u>		
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BO</u>)	<u> </u>	
D. If amending the registered agent and/or register- new registered agent and/or the new registered of		da, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		(Florida street address)
	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Regi I hereby accept the appointment as registered agent.	stered Agent:	·
	Signature of New Re	gistered 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	PT V SV	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change		_	
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
S. Chanas			
5) Change	-		
Add			
Remove			
6) Change			
Add			
Remove			

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	<u> </u>			

1/09/19	if other than the
The date of each amendment(s) adoption:late this document was signed.	
1/09/2019 Effective date <u>if applicable</u> :	
tno more than 90 days afte	r amendment file date)
Note: If the date inserted in this block does not meet the applicable stocument's effective date on the Department of State's records.	atutory 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 nu was/were sufficient for approval.	mber of votes cast for the amendment(s)
☐ There are no members or members entitled to vote on the amend adopted by the board of directors.	ment(s). The amendment(s) was/were
Dated 1/9/2019	
Signature Mary Harrisa	
(By the chairman of vice chairman of the boar have not been selected, by an incorporator – i other court appointed fiduciary by that fiducial	f in the hands of a receiver, trustee, or
Nancy Harrison	
(Typed or printed	name of person signing)
Treasurer/Secretary	
(Title o	of person signing)