1120000009747

(Re	equestors N	lame)	
(Ad	ldress)		
(Ad	ldress)		
(Cit	ty/State/Zip	(Phone #)	
PICK-UP	□ w/	lΤ	MAIL
(Bu	isiness Ent	ty Name)	
(Do	ocument Nu	mber)	
Certified Copies	_ Cent	ficates of S	Status
Special Instructions to	Filing Offic	er:	
<u> </u>	1		

Office Lise Only



900370078889

07/13/21--01022--004 **35.00

FILED
2021 JUL 19 PM 3: 5
SECRETARY OF STAT

A. BIHLEY

COVER LETTER

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: Grace	In Place, Inc.
DOCUMENT NUMBER: <u>N2000</u>	009747
The enclosed Articles of Amendment and fee are submitt	ed for filing.
Please return all correspondence concerning this matter to	the following:
Wenda Ware	ame of Contact Person)
^	ame of Contact Person)
Grace In Place,	(Firm/ Company)
803 Jenks Ave. S	Ste 5
Panama City, Fl	ty/ State and Zip Code)
Grace in Diace De Co	a amail Com Tuture annual report notification)
For further information concerning this matter, please call	l:
Wanda Ware (Name of Contact Person)	at 850.867.7085 (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payab	ele to the Florida Department of State:
(/	43.75 Filing Fee & Certified Copy Certificate of Status Additional copy is 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to

Articles of Incorporation

Ωf

FILED

Λ		
(Name of Corporation as currently filed with the Flo	e Inc.	2021 JUL 19 PM 3:51
(Name of Corporation as currently free with the Fit	- CONTINE	· · · · · · · · · · · · · · · · · · ·
<u> </u>	009/4/	SEGREDANY OF STATE TALLAMASSEE, FL
(Document	Number of Corporation (if known)	PALLINGASSEE, FL
Pursuant to the provisions of section 617,1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For Prof	it Corporation adopts the followin
A. If amending name, enter the new name of the con	rporation:	
name must be distinguishable and contain the word "co	ornaration" or "incorporated" or t	The new
"Company" or "Co." may not be used in the name.	The second of th	ic above manon Corp. on the
B. Enter new principal office address, if applicable:	803 Jenks	Avenue
(Principal office address MUST BE A STREET ADD	RESS) Q L 2 F	
	STE S	<u></u>
	Kanuma City	<u> 132401</u>
C. Enter new mailing address, if applicable:	J	
(Mailing address MAY BE A POST OFFICE BOX	ý	·
		
D. If amending the registered agent and/or registered		the name of the
new registered agent and/or the new registered o	flice address:	
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	(Florida str	eet address)
New Registeria Coffice Nutress.		
		Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regis	stered Agent:	
hereby accept the appointment ax registered agent. 1	am familiar with and accept the obt	ligations of the position.
	Signature of New Registered As	rent if changing
	and the second of the process of the	serie g chunging

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>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add			
Remove			
2) Change Add			
Remove 3) Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. <u>If amending or addin</u> (attach additional sheet	<mark>g additi</mark> ó s, if necc	nal Articles, enter change(s) here: ssary). (Be specific)	
			<u> </u>

		-11
		
		
<u> </u>		
The date of each amendment(s) adoption date this document was signed.	n:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block doe document's effective date on the Departme	es not meet the applicable statutory filing requirements, this date will not bent of State's records.	e listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopted was/were sufficient for approval.	by the members and the number of votes east for the amendment(s)	

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 July 1, 202.1 Signature Manda Way
(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)
Wanda Ware (Typed or printed name of person signing)
(Typed of printed name of person signing)
President
(Title of person signing)