N 49745

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COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: FIRST	BARTIST CH	tupelt OF STAVALD, INC.
DOCUMENT NUMBER: V4	9745	•
The enclosed Articles of Amendment and fee are sub	omitted for filing.	
Please return all correspondence concerning this matt	ter to the following:	
DONAL	P G. T/3 (Name of Contact Person	56
	(Name of Contact Person	on)
DE	FACON	
	(Firm/ Company)	
124 LAKB	MINNIE	OR
	(Address)	
5AN FOR	0 . PL =	3 2113-6111
	(City/ State and Zip Co	de)
× -1		COM
E-mail address: (to be use	CFL.RF.	t notification)
	•	
For further information concerning this matter, please	call:	
DONALD G. TISU	at	407-323-9645 (H)
(Name of Contact Person	(A	rea Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made p	ayable to the Florida Dep	partment of State:
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee &	□\$43.75 Filing Fee &	D\$52.50 Filing Fee
Certificate of Status	Certified Copy	Certificate of Status
	(Additional copy is	Certified Copy
	enclosed)	(Additional Copy is
		Enclosed)
Mailing Address		Address
	Amendment Section Amendment Section	
Division of Corporations Division of Corporations		on of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation

	of
FIRST BAPTIST CHURC	HOF SANFORD, INC.
(Name of Corporation as currently filed with the Florida De	ept. of State) /
N 497	45
(Document Number	r of Corporation (if known)
Pursuant to the provisions of section 617,1006, Florida Statutes amendment(s) to its Articles of Incorporation:	s, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation	on:
GRACE 360 CHUR name must be distinguishable and contain the word "corporation	
name must be distinguishable and contain the word "corporati	on" of "incorporated" or the abbreviation "Corp." or "Inc."
"Company" or "Co." may not be used in the name.	
B. Enter new principal office address, if applicable:	GRACE 360 CHURCH
(Principal office address MUST BE A STREET ADDRESS	2468 SANKORD AVE.
<u>-</u>	5AN FORD, PL 32771
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	GRACE 360 CHURCH
	P. O. BOX 2144
	5 AN FORD: PL 32772-
D. If amending the registered agent and/or registered office	e address in Florida, enter the name of the
new registered agent and/or the new registered office ad	dress:
Name of New Registered Agent:	N/A
	,
	(Florida street address)
New Registered Office Address:	\
	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered /	Agent:
I hereby accept the appointment as registered agent. I am fam	
	•

Signater 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 X Remove X Add	PT John E V Mike J SV Sally S	<u>Jones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add		A	
Remove	1		
2) Change Add			
Remove 3) Remove Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove)		·
6) Change Add			
Remove	V		
E. If amending or additional sheet	ng additional Ar	ticles, enter change(s) here: (Be specific)	
1	<i>f</i>		

	
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	<u>,</u>
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The date of each amendment(s) adoption:	, if other than the
Effective date if applicable: (no more than 90 days after amendment file date)	
(no more than 90 days after amendment file date) Note: If the date inserted in this black does not meet the applicable statutory filing requirements, the	

<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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
Signature Rev. W. Wall Z. B. (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)
REV. DR. WENDER L. BISHOP JR (Typed or printed name of person signing)
(Typed of printed name of person signing)
PASTOR
(Title of person signing)