N94000002244

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	First United Method	list Church of Pace, I	nc.	
DOCUMENT NUMBER:	N94000002244			
The enclosed Articles of Am	endment and fee are sub	mitted for filing.		
Please return all corresponde	ence concerning this matt	er to the following:		
Bill Cooke				
		(Name of Contact P	erson)	- .
Bill Cooke, CPA & Associa	tes, PA			
	-	(Firm/ Compan	y)	
4517 Woodbine Rd				
		(Address)	<u></u> .	
Pace. FL 32571				
		(City/ State and Zip	Code)	
billcookecpa@bellsouth.net				
E	mail address: (to be used	for future annual rep	port notification	1)
For further information conc	erning this matter, please	call:		
Bill Cooke		at	850	995-3370
	Name of Contact Person			(Daytime Telephone Number)
Enclosed is a check for the fo	ollowing amount made pa	iyable to the Florida	Department of	State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy i enclosed)	Certifi s Certifi	Filing Fee cate of Status led Copy cional Copy is sed)
P.O. Box 6	it Section Corporations	An Div Th	reet Address nendment Secti vision of Corpo te Centre of T 15 N. Monroe	prations

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

APPROVEU AND FILED

2022 OCT 11 AM 10: 39

First United Methodist Church of Pace, Inc.		14 CM 12 Y 19 STA
(Name of Corporation as currently filed with the Flo	orida Dept. of State)	CALLABASSES FLOR
N94000002244		
(Document	Number of Corporation (if known	wn)
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For I	Profit Corporation adopts the following
A. If amending name, enter the new name of the con	rporation:	
Grace Methodist Church of Pace, Inc.		The new
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	orporation" or "incorporated".	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD		
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BON</u>	() <u>N/A</u>	
D. If amending the registered agent and/or registere new registered agent and/or the new registered o		ter the name of the
Name of New Registered Agent: Bill	Bill Cooke	
451	4517 Woodbine Road	
New Registered Office Address:	(Floria	la street address)
Pac	<u> </u>	, Florida 32571
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I		obligations of the position.
	Signature of New Registere	d Avent 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 De V Mike Jo SV Sally Si	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	Pastor	Gordon M Lilly	4540 Chumuckla Hwy Pace, FL 32571
X Remove			
2) Change Add	Dir	Jeffrey Spann	5604 Lynchburg Place Pace, FL 32571
Remove Change Add Remove	<u>Dir</u>	Nelson Faircloth	3311 Abel Ave Pace, FL 32571
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
(attach additional shee		cles, enter change(s) here: (Be specific)	
N/A			

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The date of each amendment(s) ad date this document was signed.	option:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment)	file date)
Note: If the date inserted in this blo document's effective date on the De	ck does not meet the applicable statutory filing partment of State's records.	requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ac was/were sufficient for approva	opted by the members and the number of votes	s cast 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
Signature Officer-if directors (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)
DIRECTOR ROBERT D. THURMAN
(Typed or printed name of person signing)
Title of person signing)
(Title of person signing)