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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF COR	PORATION: Grace of G	d Community Rehabilitation C	Center (CDC
DOCUMENT NU	JMBER:	N99000004231	
The enclosed Artic	cles of Amendment and fee a	submitted for filing.	
Please return all co	orrespondence concerning thi	matter to the following:	
	Wa	ne D. Du'Rant, Sr.	
	N	ne of Contact Person	
	Grace of God Commu	ity Rehabilitation Center (CDC) Inc	5 .
		Firm/ Company	
	11000	outhwest 216th Street	
	11000	Address	
	Cutle	Bay, Florida. 33170	
	C	/ State and Zip Code	
<u>du</u>	rant@tmo.blackberry.net a E-mail address: (to be used	od southwestdadetrustcdc.gmail.co	<u>m</u>
For further inform	ation concerning this matter,	lease call:	
Way	ne D. Du'Rant, Sr.	at (786) 236-04	66
	of Contact Person	Area Code & Daytime Telephone	Number
Enclosed is a chec	k for the following amount m	de payable to the Florida Department	of State:
□\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	Certified Copy Ce (Additional copy is enclosed) Ce	2.50 Filing Fec ertificate of Status ertified Copy dditional Copy is enclosed)
Mailing A	ddress	Street Address	
Amendme		Amendment Section	
	f Corporations	Division of Corporations	•
P.O. Box 6		Clifton Building	
Tallahasse	e FL 32314	2661 Executive Center Circle	

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 4, 2010

Wayne D. Du'Rant, Sr. Grace of God Community Rehabilitation 11000 Southwest 216th Street Cutler Bay, FL 33170

SUBJECT: GRACE OF GOD COMMUNITY REHABILITATION CENTER (CDC),

INC.

Ref. Number: N99000004231

We have received your document for GRACE OF GOD COMMUNITY REHABILITATION CENTER (CDC), INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6907.

Letter Number: 110A00005388

Annette Ramsey
Regulatory:Specialist II

RECEIVED IN B: 0 SECRETARY OF STATE OR STATE OR

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

Articles of Amendment to Articles of Incorporation

Ä	ILEO
2018 MAR	LED MAII:48
TALLAHAR TE2 (C)	AH 11:48
TE2 CON	Y. IXIO

	of		TALLAHAY OF
Cence of God Court (Name of Corporation as cu	rrently filed w	ABilitation	CEUTER COCK, TXIEER
N990000	04231		•
		oration (if known)	
Pursuant to the provisions of section 617.100 the following amendment(s) to its Articles of			ot For Profit Corporation adopts
A. If amending name, enter the new name	e of the corpor	ation:	
SouthWesTDaNe TRUST Control The new name must be distinguishable and abbreviation "Corp." or "Inc." "Company	l contain the w	ord "corporation"	or "incorporated" or the
B. Enter new principal office address, if a (Principal office address MUST BE A STR.)		<u>A\N</u> (2	
C. Enter new mailing address, if applical (Mailing address MAY BE A POST OF) D. If amending the registered agent and/o new registered agent and/or the new registered agent.	FICE BOX) or registered of		rida, enter the name of the
Name of New Registered Agent:	NIA		
	N/A		
New Registered Office Address:		lorida street addres	is)
	NIA		, Florida
		(City)	(Zip Code)
New Registered Agent's Signature, if char I hereby accept the appointment as registe position.			nd accept the obligations of the
· _		NIA	
_	Signature of l	New Registered Age	nt, if changing

Page 1 of 3

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
$\overline{\mathcal{D}}$	Michael G. STRAGER	4300 N. University DR Suite # C201 Surrise, FL 33351	Add Remove
D	MayBelle O. Clark	9411 S.W. 4TH STORET #408. HIAMI, Flor.Da.33174	Add Remove
V	Mary RoBinson	21502 S.W. 113TH AUF	☐ Add ☐ Remove
E. If amend (attach add	ing or adding additional Articles, enter ditional sheets, if necessary). (Be specif	change(s) here:	
	•		
		, ·	
			
	·		
		• .	
		·	<u> </u>

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
$\overline{\mathcal{D}}$	JAMES COATS	11331 S.W. 176 TS Minni, FL 3315	Add Remove
E. If amend (attach ad	ling or adding additional Articles, ente dditional sheets, if necessary). (Be spec	cific)	
		•	

The date of each amendment(s) adoption: FERRUSEY 22 2010
(date of adoption is required) Effective date if applicable:
(no more than 90 days after amendment file date)
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.
Signature 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, o other court appointed fiduciary by that fiduciary)
(Typed or printed name of person signing)
Vice PRESIDENT. (Title of person signing)