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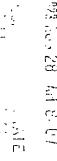
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATI		SITY OF FAITH BAPTIS	ST CHURC	H, INC 	
DOCUMENT NUMBER:	N99000004340				
The enclosed Articles of An		mitted for filing.			· · · · · · · · · · · · · · · · · · ·
Please return all correspond	ence concerning this mat	ter to the following:			
CAROL COWAN					
		(Name of Contact Perso	on)		
GRACE COMMUNITY O	F FAITH BAPTIST CHU	JRCH			
		(Firm/ Company)			
6511 FOREST CITY RD					
		(Address)			<u>-</u>
ORLANDO, FL 32810					
		(City/ State and Zip Coo	ie)		
gracecommunity001@gma	ił.com				
<u>-</u>	E-mail address: (to be use	d for future annual report	notification	1)	
For further information con	cerning this matter, please	e call:			
CAROL COWAN		4(at	73107644		,
	(Name of Contact Person		rea Code)	(Daytime Telepl	none Number)
Enclosed is a check for the	following amount made p	ayable to the Florida Dep	partment of S	State:	ione realisery
■ \$35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)	28 min 5 67
Mailing	t alalaman	Straat	t ddaoe		

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

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 of

(Name of Corporation as currently filed with the Flo	rida Dept. of State)			
GRACE COMMUNITY OF FAITH BAPTIST CHUR	CH, INC			
(Document)	Number of Corporation (if kn	own)		
Pursuant to the provisions of section 617.1006, Florida 9 amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For	Profit Corporation adopt	ts the follo	wing
A. If amending name, enter the new name of the cor	poration:			
				new
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	rporation" or "incorporated	" or the abbreviation "Co.	rp." or "In	ıc. ''
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	RESS)			
	·			
C. Enter new mailing address, if applicable:				
(Mailing address <u>MAY BE A POST OFFICE BOX</u>	·			
				[33]
D. If amending the registered agent and/or registere	d office address in Florida,	enter the name of the	- 1	i de
new registered agent and/or the new registered of	ffice address:		•	(N)
Name of New Registered Agent:				<u> </u>
New Registered Office Address:	(Fle	orida street address)		<u> </u>
	(0)	, Florida (Zip Code		
	(City)	(Zip Code	e)	
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I		the obligations of the posit	tion.	
	Signature of New Registe	prod Auent if changing		
	512110101 CO 11CH NEEDIC	7 C 14 7 L L C / 11 L . 17 C / 14 / 1 L L / 1 L L L / 1 L L L / 1 L L L / 1 L L L / 1 L L L / 1 L L L / 1 L L L L		

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 Je SV Sally Se	ones	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add	TRUSTI	Georgia Smith -DECEASED	7416 GOVEWOOD CT ORLANDO, FL 32818
x Remove			
2) Change Add	DEACO	A.J. RANGE	1037 GORE DR. OVIEDO, FL 32765
x Remove 3) Change x Add Remove	<u>DEACO</u>	ANTHONY J. RANGE	1037 GOR4E DR OVIEDO, FL 32765
4) Change Add			
Remove 5) Change Add			γ (γ
Remove δ) Change Add			
		icles, enter change(s) here:	
(attach additional shee	els, if necessary).	(Be specific)	
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The date of each amendment(s) adoption: date this document was signed.	22.2		, if other than the
mee at a last of the last			
Effective date <u>if applicable</u> :	more than 90 days after amen	idment file date)	
Note: If the date inserted in this block does r document's effective date on the Department	ot meet the applicable statutor		not be listed as the
Adoption of Amendment(s) (9	HECK ONE)		
☐ The amendment(s) was/were adopted by was/were sufficient for approval.	the members and the number	of votes east for the amendment(s)	

There are no me adopted by the Dated	embers or members entitled to vote on the amendment(s). The amendment(s) was/were board of directors. No Changes to the amendments 8/23/2023
Signati	(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)
	CAROL W COWAN
	(Typed or printed name of person signing) Oursponding Scrotting (Title of person signing)

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