# P01643

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S. PRATHER

#### COVER LETTER

TO: Amendment Section Division of Corporations		
Open Doors with Brother Andrew Inc SUBJECT:		
Name of	Corporation	
DOCUMENT NUMBER: P01643	**	
The enclosed Amendment and fee are submitted	ed for filing.	
Please return all correspondence concerning th	is matter to the following	ğ:
Dianne Drake		
Name of Contact Person		
GC Relief		
Firm/Company	<del></del>	
2953 S Pullman Street		
Address		
Santa Ana, CA 92705		
City/State and Zip Code		
ap@gcrelief.org		
E-mail address: (to be used for future annual	report notification)	
For further information concerning this matter.	. please call:	
Dianne Drake	949 468-0342	
Dianne Drakea Name of Contact Person	Area Code & Daytime T	elephone Number
Enclosed is a check for the following amount:		
■ \$35.00 Fiting Fee  □ \$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee, Certificate of Status of Certified Copy (Additional copy is enclosed)
Mailing Address:	Street Address:	
Amendment Section Division of Corporations	Amendment Section	
P.O. Box 6327	Division of Corporations The Centre of Tallahassee	
Tallahassee, FL 32314	2415 N. Monroe S	
	Tallahassee, FL 32	

## NOT FOR PROFIT CORPORATION APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR CONDUCTING AFFAIRS IN FLORIDA

(Pursuant to s. 617.1504, F.S.)

### SECTION I (1-3 MUST BE COMPLETED)

P01643		
(Docume	nt Number of Corporation (If known)	
Open Doors with Brother Andrew, Inc.		;·· —
(Name of corporation as	it appears on the records of the Department of State)	
2. California	3, 04-19-1984	C = C
(Incorporated under laws of)	3. 04-19-1984  (Date authorized to conduct affairs in Fl	orida)
	SECTION II	
(4-8 COMPLET	E ONLY THE APPLICABLE CHANGES)	
4. If the amendment changes the name of th	e corporation, when was the change effected unde	r the laws of it
jurisdiction of incorporation? 5/31/2023		
Note: If the date inserted in this block does not mee	et the applicable statutory filing requirements, this date will	not be listed as the
document's effective date on the Department of State	's records.	
5 GC Relief Inc.		
(Name of corporation after the amendment, adding sif not contained in new name of the corporation. "Corporation)	suffix "corporation," or "incorporated," or appropriate abbrevia ompany," or "Co.," may not be used as a corporate suffix by a	tion, nonprofit
6. If the amendment changes the period of du effected.	ration, indicate new period of duration and the date the	ne change was
(New duration)	(Date)	-
7. If the amendment changes the jurisdiction was effected.	of incorporation, indicate new jurisdiction and the	date the change
(New jurisdiction)	(Date)	_
8. If the purpose which the corporation intend	s to pursue in Florida has changed, indicate new pur	pose.
(The corporation is authorized to pu	rsue such purpose in the jurisdiction of its incorporation)	<del></del>
<ol> <li>Attached is a certificate or document of simi 90 days prior to delivery of the application that having custody of corporate records in the junction.</li> </ol>	lar import, evidencing the amendment, authenticate of the Department of State, by the Secretary of State urisdiction under the laws of which it is incorporate	ed not more that e or other officients ed.
(Signature of the chairman or v	ice chairman of the board, president, or other officer – ustee, of other court-appointed fiduciary, by that (iduciary)	
Sally Rae	Secretary	
(Typed or printed name of the person signing		<del></del>



#### **California Secretary of State**

**Business Programs Division** 1500 11th Street, Sacramento, CA 95814

Request Type: Certified Copies Entity Name: GC Relief

Formed In: CALIFORNIA Entity No.: 0672813

Entity Type: Nonprofit Corporation - CA - Religious

Issuance Date: 04/01/2024 Copies Requested: 1 Receipt No.: 006696442

Certificate No.: 196029027

#### **Document Listing**

7600905-1 11/01/2021 Amendment B1810-1113 05/31/2023 Restated Articles of	
	4
Incorporation	4

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, do hereby certify on the Issuance Date, the attached document(s) referenced above are true and correct copies and were filed in this office on the date(s) indicated above.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California on April 01, 2024.

SHIRLEY N. WEBER, PH.D. Secretary of State

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at <u>bizfileOnline.sos.ca.gov</u>.