# PBOOGWIAN

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	<u>-</u>
(Ci	ty/State/Zip/Phone #	()
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name	)
(Do	ocument Number)	
Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	

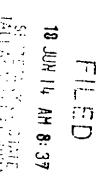




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### FLORIDA DEPARTMENT OF STATE Division of Corporations

June 5, 2018

WESLEY DIONNE 4615 SW CARIB ST PORT ST LUCIE, FL 34953

SUBJECT: SOUTHERN GRACE ENTERPRISES OF THE TREASURE COAST

INC.

Ref. Number: P13000046194

We have received your document for SOUTHERN GRACE ENTERPRISES OF THE TREASURE COAST INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

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) 245-6050.

Rebekah White Regulatory Specialist II

Letter Number: 118A00011641

Sorry I forgot the Check the last Time RECEIVED

18 JUNITE PMI2: 08

SECRETARY OF STATE

AHASSEE CLOSE

## **COVER LETTER**

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: South	ern Grace Enterprises of the Treasure
DOCUMENT NUMBER:	1 reasure 1
The enclosed Articles of Amendment and fee are so	ubmitted for filing.
Please return all correspondence concerning this ma	atter to the following:
9615 SW (	e Enterprises of the Trasure Coast Firm/ Company
For further information concerning this matter, plea	
Wesley Dionne	at (SG1) 493 - 9810
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Department of State:
□ \$35 Filing Fee	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

#### Articles of Amendment to \* Articles of Incorporation of

# FILED

18 JUN 14 AM 8: 37

to

Southorn Grace	Enteror	ises of TV	k Trague local
(Name of Corpor	ration as currently	filed with the Florida	a Dept. of State)
(Doc	cument Number of (	Corporation (if known)	)
Pursuant to the provisions of section 607.1006, Florits Articles of Incorporation:	rida Statutes, this F	lorida Profit Corpora	tion adopts the following amendment(s
A. If amending name, enter the new name of the	corporation:		-
name must be distinguishable and contain the w "Corp" "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or t	orp," "Inc," or "C	o". A professional co	The new necorporated" or the abbreviation orporation name must contain the
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A	<u>ble:</u> DDRESS )		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	<u>BOX</u> )		
D. If amending the registered agent and/or regis new registered agent and/or the new registered	stered office addres ed office address:	ss in Florida, enter th	e name of the
Name of New Registered Agent N/	14		
	(Florida stree	t address)	
New Registered Office Address:	(0	ity)	, Florida(Zip Code)
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent		h and accept the oblig	zations of the position.
$\mathcal{N}_{\mathcal{S}}$	14	ristered Avent if cham	

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:

 $P = President; V \neq Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C \neq Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$ 

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	<u>PT</u> Jo	ohn Doe	
X Remove	<u>V</u> <u>M</u>	like Jones	
X Add	<u>sv</u> <u>Sa</u>	ully Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP_	Jesse Dionne	4615 SW Caribs, Port St. Lucie
X_ Add			Port St. Lucie
Remove		ı	FL 34953
2) Change		Joyce Dionne	4615 SWCaribs
Add			<del></del>
Remove			FL 34953
3 ) Change			
Add			<del>-</del>
Remove			<del></del>
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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f an amendment provides for an exchange, reclas	sification, or ca	ncellation of issue	i shares,	
provisions for implementing the amendment if no (if not applicable, indicate N/A)	ot contained in (	the amendment itse	<u>elf:</u>	
NA				
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The date of each amendment(s) adoption:
date this document was signed.
Effective date if applicable:
(no more than 90 days after amendment file date)
Note: 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 shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by
by
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated 5-20-20/9 Signature Signature
(By a director, president or other officer - if directors or officers have not been
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
(Title of person signing)  (Title of person signing)
(Typed or printed name of person signing)
_ President
(Title of person signing)