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2017 OCT -6 PM 2: 08

C. GOLDEN

OCT - 9 2017

## **COVER LETTER**

TO: Amendment Section Division of Corporations NAME OF CORPORATION: WILLIAM GRACE CORPORATION DOCUMENT NUMBER: P15000077561 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: **INTSAR NEMEH** Name of Contact Person WILLIAM GRACE CORPORATION Firm/ Company 738 N. US HWY 17-92 Address LONGWOOD, FL 32750 City/ State and Zip Code ACCT7264@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: **INTSAR NEMEH** at (407 ) 923-5011
Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & ■ \$35 Filing Fee **□\$43.75** Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy 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

WILLIAM GRACE CORPORATION	LIAM GRACE CORPORATION			1 ! ! ! ! !	
(Name	of Corporation as currently	filed with the Florida Dept. of	(State)	<del>2017-007 =</del> 6	PH 2: 08
P15000077561					
	(Document Number of C	•		To Li Venezia	ត កម្មព័ត្តស៊ូវ
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this Fl	orida Profit Corporation adopt	ts the followin	ng amendment(s) to	
A. If amending name, enter the new na	ame of the corporation:				
name must be distinguishable and con				The new	
B. Enter new principal office address. (Principal office address MUST BE A S  C. Enter new mailing address, if appli (Mailing address MAY BE A POST)  D. If amending the registered agent an new registered agent and/or the new registered agent and/or	TREET ADDRESS )  icable: OFFICE BOX)  id/or registered office addres	is in Florida, enter the name o	of the		
Name of New Registered Agent	INTSAR NEMEH				
The state of the s	738 N. US HWY 17-92			_	
	(Florida street	address)		<del></del>	
New Registered Office Address:	LONGWOOD	, Fid	3275D orida		
	(C	ity)	(Zip	Code)	
New Registered Agent's Signature, if cl	hanging Registered Agent: ered agent. I am familiar wit	h and accept the obligations of	the position.		

(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 <u>PT</u> John Doc X Remove  $\underline{\mathsf{v}}$ Mike Jones X Add <u>SV</u> Sally Smith Type of Action Title Name Address (Check One) VP WILLIAM H. NEMEH 832 ROYALWOOD LANE 1) \_\_\_\_ Change OVIEDO, FL 32765 \_\_ Add Remove SALAMEH NEMEH 14761 STONEBRIAN WAY 2) \_\_\_\_ Change ORLANDO, FL 32826 Add \_ Remove 3 ) \_\_\_\_ Change \_\_\_\_ Add \_\_\_ Remove 4) \_\_\_\_ Change Add \_ Remove 5) \_\_\_\_ Change \_\_ Add \_\_\_\_ Remove 6) \_\_\_\_ Change \_\_\_ Add

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:

Remove

f an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)	
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(if not applicable, indicate N/A)	mendment provides for an exchange, reclassification, or cancellation of issued shares,
(If not applicable, indicate N/A)	dons for implementing the amendment if not contained in the amendment itself:
	not applicable, indicate N/A)
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The date of each amendment(s)	adoption:	, if other than the
date this document was signed.	0/04/2017	
Effective date if applicable:	0/04/2017	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this date we Department of State's records.	ill not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
☐ The amendment(s) was/were a must be separately provided j	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	sst for the amendment(s) was/were sufficient for approval	
by		
-	(voting group)	
☐ The amendment(s) was/were a action was not required.	adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were a action was not required.	adopted by the incorporators without shareholder action and shareholder	
10/04/20 Dated	17	
Signature	Intry Many Co	
selec	director, president or other officer – if directors or officers have not been sted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	INTSAR NEMEH	
	(Typed or printed name of person signing)	<del></del>
	PRESIDENT	
	(Title of person signing)	<del></del>