P1800086750

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Grace Lab Develop	pment Corp		
DOCUMENT NUM	BER: P18000086750			
	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	Holly A Magliochetti			
		Name of Contact Person	1	
	Grace Development			
		Firm/ Company		
	4724 Wildow - 175	ritin/Company		
	4734 Wildewood Dr			
		Address		
	Delray Beach, FL 33445			
		City/ State and Zip Cod	e	
Holly	Magliochetti@gmail.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	n concerning this matter, pleas	se call:		
U.dle Mardischari		078	590-3193	
Holly Magliochetti		at ()	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	or the following amount made	pavable to the Florida Depa	artment of State:	
	C	,		
□ \$35 Filing Fee	■\$43.75 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)	
Ma	iling Address	Street	Address	
	endment Section	Amendment Section		
	ision of Corporations	Division of Corporations		
	. Box 6327		Building	
Tall	ahassee, FL 32314	2661 E	xecutive Center Circle	

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

of

Grace Lab Development Corp

(Name of Corporation as current)	ly filed with the Florida Dept. of S	itate)
P1800008	36750	
(Document Number o	f Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts	the following amendment(s) to
A. If amending name, enter the new name of the corporation:		•
Grace Health Technology Corp	p	The new
name must be distinguishable and contain the word "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or " word "chartered," "professional association," or the abbreviation	Co". A professional corporation	" or the abbreviation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	18 CER 28 F
D. If amending the registered agent and/or registered office address		the 25
Name of New Registered Agent \(\sigma\) [A		
tElorida en	veet address)	
		ida tZip Codej
New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar v	: with and accept the obligations of the	(Zip Code)

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: XChange	<u>PT</u>	John Doe		
X Remove	<u>V</u>	Mike Jones	N/A	
X Add	<u>sv</u>	Sally Smith	N/A	
Type of Action (Check One)	<u>Title</u>	Name		<u>Addres</u> s
1) Change				
Add				
Remove				
2) Change				
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change			· · · · · · · · · · · · · · · · · · ·	
Add				
Remove				

amending or addinated and additional she	ets, if necessary).	(Be specific)	(<u>3) IICI C</u> .		
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an amendment pro revisions for imple	vides for an excha	inge, reclassificati	ion, or cancellatio	n of issued share.	<u>s.</u>
if not applicable)	neiting the amen	different in mot come	anico in the amen	different riseri.	
(5)					
		N/A			·· · ····
					· · · · · · · · · · · · · · · · · · ·
			-		

The date of each amendment(s) adoption:	12/19/18	, if other than the
date this document was signed.	1	
Effective date if applicable:	12 19 18 (no more than 90 days after amenda	
	(no more than 90 days after amenda	nent file date)
Note: If the date inserted in this block does no document's effective date on the Department of S		requirements, this date will not be listed as the
Adoption of Amendment(s) (CHE	ECK ONE)	
The amendment(s) was/were adopted by the sl by the shareholders was/were sufficient for ap	hareholders. The number of votes ca oproval.	st for the amendment(s)
☐ The amendment(s) was/were approved by the must be separately provided for each voting §		
"The number of votes cast for the amend	dment(s) was/were sufficient for appr	oval
by	ng group)	"
(voti)	ng group)	
☐ The amendment(s) was/were adopted by the b action was not required.	oard of directors without shareholder	action and shareholder
☐ The amendment(s) was/were adopted by the ir action was not required.	ncorporators without shareholder acti	on and shareholder
Dated 12/19/18)	
Signature	by Magliochette	
	left or other officer – if directors or operator – if in the hands of a receiver	
appointed fiduciary t	•	
<i>_</i>	folly Magliochetti Typed of printed in me of person signi	
(7)	lyped of printed iffme of person sign	mg)
	President	
	(Title of person signing)	