P220000173/00

	(Re	questor's Name)	
	(Ad	dress)	
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	(Cit	y/State/Zip/Phon	e #)
P	ICK-UP		MAIL
			,
	(Bu	siness Entity Nar	ne)
	(Do	cument Number)	
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COVER LETTER

Division of Corporations NAME OF CORPORATION: GRACELAND OF JACKSONVILLE, INC. P 220000 73100 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: CLYDE BARNES JR, Firm/ Company 698 HALSMA RD. N.
Address

TACKSONULIE FC, 32221

City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 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 & ☐\$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

TO: Amendment Section

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation of

_	,	2
GRACELAND OF	JACKSGNUILLE INC ,	2 ==
(Name of Corporation as currently filed w		P
P22000073	100	21
(Document Number of Corp		<u> </u>
Pursuant to the provisions of section 607 1006. Florida Stati	utes, this Florida Profit Corporation adopts the following an	رح nendment(s) to
its Articles of Incorporation:	7:. 7:-	20
A. If amending name, enter the new name of the corpor	ation:	
	77.	e new
name must be distinguishable and contain the word "co "Corp.," "Inc.," or Co.," or the designation "Corp." "In word "chartered," "professional association," or the abbre	orporation," "company," or "incorporated" or the abbrenc," or "Co". A professional corporation name must conteviation "P.A."	viation ain the
B. Enter new principal office address, if applicable:		
(Principal office address MUST BE A STREET ADDRES.	<u>S</u>)	
C. Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office		
new registered agent and/or the new registered office	aduress.	
Name of New Registered Agent		
(F	Florida street address)	
New Registered Office Address:	, Florida	
	(City) (Zip Code)	
Now Desistand Agent's Signature if changing Degistance	d Agent	
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am f		
Signature of New Reg	zistered Agent, if changing	

If amending or adding additional Artic attach additional sheets, if necessary).	(Be specific)
· · · · · · · · · · · · · · · · · · ·	
	<u> </u>
<u>,</u>	
•	
provisions for implementing the amend	inge, reclassification, or cancellation of issued shares, dment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	<u> </u>
	<u></u>
	<u> </u>

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:

Example:

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.

X Change	<u>PT</u> <u>John</u>	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	Jones	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
Change Add Remove	TRES,	KATHRYN BARNES	698 HALSEMA Rd. N. JACKSONVILLE FL. 32220
2) Change Add Remove			
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove	 -		· · · · · · · · · · · · · · · · · · ·

Effective date if applicable: (no more than 90 days after amendment file date)	
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.	11. 12. 11. 12. 12.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated // /17/2022	
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)	
CLYDE BARNES JR, (Typed or printed name of person signing)	
PRESIDENT (Title of person signing)	