

**N070000001928**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

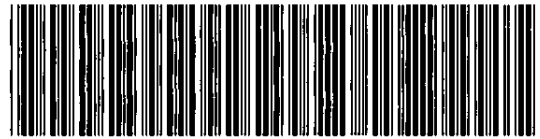
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400142008734

02/02/09--01020--005 \*\*35.00

**FILED**  
2009 FEB -2 AM 8:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*N/C*

TB

*2-6-09*

**DAVILA & TORRES, P.A.**

ATTORNEYS AT LAW  
911 N. MAIN STREET, SUITE 5  
KISSIMMEE, FL 34744

LUIS DAVILA, ESQUIRE  
ALFRED TORRES, ESQUIRE

TELEPHONE: (407) 933-0307  
FACSIMILE: (407) 933-0882  
E-MAIL: [DAVINTORR@AOL.COM](mailto:DAVINTORR@AOL.COM)

---

January 30, 2009

Florida Dept. of State  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Hope for Vietnam Children Inc., to  
Hope for Children International, Inc.  
N07000001928

Dear Sir or Madam:

Enclosed please find the Articles of Amendment to Articles of Incorporation of Hope for Vietnam Children, Inc., and a check to cover the filing fee.

Thank you for your attention to this matter.

Sincerely,



ALFRED TORRES

AT/at  
Enc:

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** HOPE FOR VIETNAM CHILDREN, INC.

**DOCUMENT NUMBER:** N07000001928

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alfred Torres, Esq.  
(Name of Contact Person)

Davila & Torres, P.A.  
(Firm/ Company)

911 N. Main St., Ste 5  
(Address)

Kissimmee, FL 34744  
(City/ State and Zip Code)

For further information concerning this matter, please call:

Alfred Torres at ( 407 ) 933-0307  
(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 & Certificate of Status
- \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
- \$52.50 Filing Fee Certificate of Status Certified Copy (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  
2009 FEB -2 AM 8:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

HOPE FOR VIETNAM CHILDREN, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

N07000001928

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

HOPE FOR CHILDREN INTERNATIONAL, INC.

*The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.*

**B. Enter new principal office address, if applicable:**

(Principal office address **MUST BE A STREET ADDRESS**)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C. Enter new mailing address, if applicable:**

(Mailing address **MAY BE A POST OFFICE BOX**)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent:

\_\_\_\_\_

New Registered Office Address:

(Florida street address)

\_\_\_\_\_

\_\_\_\_\_, Florida  
(City) (Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

\_\_\_\_\_  
*Signature of New Registered Agent, if changing*

**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)*

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	

**E. If amending or adding additional Articles, enter change(s) here:**

*(attach additional sheets, if necessary). (Be specific)*

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

The date of each amendment(s) adoption: 1/28/09

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 members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 1/28/09

Signature 

(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Peter A. Olivo  
(Typed or printed name of person signing)

President  
(Title of person signing)