## N12000006697

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Amend

DEC 1 8 2012 T. BROWN

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Family Hope Pregnancy Center Inc
DOCUMENT NUMBER: N120000 6697
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Debra De Witt (Name of Contact Person)
(Name of Contact Person)
Family Hope Pregnancy Center Inc. (Firm/ Company)
20892 Second Ave. (Address)
(Address)
Dunnellon, Fl, 34431 (City/ State and Zip Code)
Family Hope Prognancy Center @ Yahoo, Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Debra DeWitt at (813) 401-8149 (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 \$252.50 Filing Fee
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

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12 OF 10 01- STATE
12 DEC 14 7 3: DE

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Family Hope Preand	uncy Cont	er Inc.	· My 3
Name of Corporation as currently filed with the	e Florida Dept. of St	ate)	<del>*</del>
N12,0000066	697		
(Document Number of Co	····		
Pursuant to the provisions of section 617.1006, Florida Sumendment(s) to its Articles of Incorporation:	tatutes, this <i>Florida N</i>	ot For Profit Corporation adop	ots the following
a. If amending name, enter the new name of the corp	oration:		
- N/A-	~		The new
name must be distinguishable and contain the word "corn "Company" or "Co." may not be used in the name.	poration" or "incorpo	rated" or the abbreviation "Co	orp." or "Inc."
B. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRI	ESS)	NA-	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		· N 4 -	
. If amending the registered agent and/or registered		rida, enter the name of the	
new registered agent and/or the new registered offi	ice address:		
Name of New Registered Agent:	-/VA-		
	(Florida street addres	<u>s)</u>	
New Registered Office Address:			
	~	, Florida (Zip Code)	
(C	City)	(Zip Code)	
ew Registered Agent's Signature, if changing Registe hereby accept the appointment as registered agent. I an	red Agent:	cont the chlimations of the	41
vereoy accept the appointment as registered agent. 1 an	n jumuur wun ana ac	vepi ine obligations of the posti	ion.
Signature of May D	egistered Agent, if cha	unaina	
Signature of New N	съмстви пувет, у спи	ngmg	

Page 1 of 4

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: X Change X Remove X Add	PT         John D           V         Mike J           SV         Sally S	ones ·	•
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change		-NA-	
Add			
Remove		•	
2) Change			
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Channe			
4) Change	<del></del>		
Add Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)
Adding Article VIII. Dissolution of Organization:
Dan the dissolution of Family Hope Pregnancy Center. Inc. all assets shall be distributed for one or more exempt Durposes within the meaning of Section 501 (c)(3) of the Internal revenue code or Corresponding Section of any
fliture federal tax rode
`

Гhе	date of each amendment(s) adoption:	
Effe	ective date if applicable: 11-29-12	
	(no more than 90 days after amendment file date)	
Ado	option of Amendment(s) (CHECK ONE)	
X	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 11/29/12 Signature Debre Dewitt, Prosident	
	(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)	
	Debra De Witt	
	(Typed or printed name of person signing)  President  (Title of person signing)	
	Fittle of person signing)	