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SEP 2 5 2019 S. YOUNG

## **COVER LETTER**

Division of Corporations
NAME OF CORPORATION: AGENT HOUSE POROLLY HOMES
DOCUMENT NUMBER: N1900 (XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Miranda Monahan (Name of Contact Person)
Ancino Hause
(Firm/ Company)
11528 Sweetgrass Drive
Dradenton, FL342/2 (City/State and Zip Code)
Manager Mirandahastatha yahar Congernali address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Minanda Monahan at 941-224-0099
(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 Certificate of Status Certified Copy (Additional copy is enclosed)  \$43.75 Filing Fee Certificate of Status  Certificate of Status  Certificate of Status  Certificate of Status  Certified Copy (Additional Copy is Enclosed)

Mailing Address

TO: Amendment Section

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**

Article	to s of Incorporation			
η ()	of			
Heaperfolise Recovery				
(Name of Corporation as currently filed with the Florida Dept. of State)				
N/900008	832			
(Document Numb	per of Corporation (if known)			
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation adopts the following			
A. If amending name, enter the new name of the corporat	ion:  The new			
name must be distinguishable and contain the word "corporate "Company" or "Co." may not be used in the name.	tion" or "incorporated" or the abbreviation "Corp." or "Inc."			
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1528 Sweetgrass Drive Broduton, FL 34D12			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1528 Swedgass Drive Bradenton, FL 34212			
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:	Mande-Manahan			
11528	Sweetgrass Que Bradenton F(			
New Registered Office Address:	Aulon Florida 3/3/2 (City) (Zip Code)			
New Registered Agent's Signature, if changing Registered	Agent;			
I hereby accept the appointment as registered agent. I am fan	nifiar with and accept the obligations of the position.			
	gnature of New Registered Agent, if changing			
	SEE THE			

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 <math>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.

	ore, and sally smil	77, D7 Last Last Filedia	
Example: X Change X Remove X Add		Dog Jones Smith	
Type of Action (Check One)	Title	Name	Address
1) Change Add Remove	D	Justinfala	390 le Willow Hammed I Ralenetto, FL 34221
2) Change Add	PS	KinSwange	1300 N Lockwood Ridge Apt 209
Remove  3 ) Change  Add  Remove	<u></u>	Ann Weishaan	Savarola, FL34237  Phosporal Annihilations Ct
4) Change Add Remove	<u>D_</u>	Chiis Mammano	25 15t PL Apt 3ft Brooklyn, NV 1231
5) Change Add Remove			
<i>6</i> ) Change Add	<del></del>		

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)
New Anticle - No changes, adds, or deletes may only be made by President in whater with signature to articles , To do 50 would be a violation of Agape House Covernants.

The date of each amendment(s) adoption: 9/13/19 date this document was signed.	, if other than the
Effective date if applicable: Immodule!	
(no more than 90 days after Amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not document's effective date on the Department of State's records.	t be listed as the
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 9 13 9 Signature Management	
(By the chairman or vice chairman of the board, president or other officer-if directors	<del></del>
have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
Agent President	
(Title of person signing)	