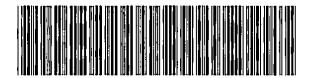
## NOU 00000 1590

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## **COVER LETTER**

NAME OF CORPORATION: X 1160	om HOPE INTERNATIONAL MINISTRIES, I
DOCUMENT NUMBER: NOODOL	000/590
The enclosed Articles of Amendment and fee are s	submitted for filing.
Please return all correspondence concerning this m	atter to the following:
RHONGA C	SARDNER
	(Name of Contact Person)
KINGDON	INOW APOSTOLIC CENTER, INC
	(Firm/ Company)
1833 S. Kirkman	120 Apt 1424
	(Address)
ORLANDO, I	1 328//
9	(City/ State and Zip Code)
E-mail address: (to be	adom hope intlalliance@gmail.com used for future annual report notification)
For further information concerning this matter, ple	ase call:
Rhonda GARDWER	2 at (407) 406-6591
(Name of Contact Per	son) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made	e payable to the Florida Department of State:
□ \$35 Filing Fee □\$43.75 Filing Fee Certificate of Stat	& 🗆 \$43.75 Filing Fee & — S52.50 Filing Fee us Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is Enclosed)
Mailing Address	Street Address Amendment Section

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

TO: Amendment Section

Division of Corporations

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

## **Articles of Amendment**

to

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

## Articles of Incorporation of

N 0000	7000/590
(Document	Number of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida 9 amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For Profit Corporation adopts the following
7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	STOLIC CENTER, INC The new
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	rporation" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	2502 NE JACKSONVILLE RD SUITE 104
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	DCALA, FL 34470  P. O. BUX 183934  WINTER GARDEN, FL 34778
D. If amending the registered agent and/or registere new registered agent and/or the new registered o	
Name of New Registered Agent:	N/A S
New Registered Office Address:	(Florida street address)  N/A  Florida  Florida
New Registered Agent's Signature, if changing Registereby accept the appointment as registered agent. I	(City) (Zip Code)  stered Agent:  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, at 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 I V Mike SV Sally		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		N/A	
Add			
Remove			
2) Change			
Add			
Remove			
3)Change			
Add			
Remove			
4) Change			· · · · · · · · · · · · · · · · · · ·
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5) Change	<del></del>		
Add			
Remove			
		N/A	
6) Change		/ / /	
Add			
Remove			

f amending or adding additional Arti attach additional sheets, if necessary).	(Be specific)	
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i he (	date of each amendment(s) adoption: US-U1-2019, if other than the
	this document was signed.  Citive date if applicable: 08-01-2019
LHEC	(no more than 90 days after amendment file date)
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
Adop	ption 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 8-15-19 Mada Austral
	(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)
	Rhonda GARDUER
	(Typed or printed name of person signing)
	DIRECTOR SECRETARY (Title of person signing)
	/ (Title of person signing)