

1000005073

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(Business Entity Name)

(Document Number)

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07 JUN 28 PM12:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AMEND  
06/28

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** HOPE HORSES HELPING PEOPLE, INC.

**DOCUMENT NUMBER:** N00000005073

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

Please return all correspondence concerning this matter to the following:

CATHI N BROWN

(Name of Contact Person)

HOPE HORSES HELPING PEOPLE, INC.

(Firm/ Company)

9722 SW 153 AVE

(Address)

ARCHER, FL 32618

(City/ State and Zip Code)

For further information concerning this matter, please call:

CATHI N BROWN

(Name of Contact Person)

at ( 352 ) 495-0533

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$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

RECEIVED  
07 JUN 28 AM 8:00  
DIVISION OF CORPORATIONS

Articles of Amendment  
to  
Articles of Incorporation  
of

HOPE HORSES HELPING PEOPLE, INC.

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

N00000005073

(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:

**NEW CORPORATE NAME (if changing):**

(must contain the word "corporation," "incorporated," or the abbreviation "corp." or "inc." or words of like import in language; "Company" or "Co." may not be used in the name of a not for profit corporation)

**AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE)** Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

**ARTICLE V DIRECTORS/OFFICERS**

Director/Officer to be deleted: Carol Huegel, President (D)

3038 SW 91 Terr

Gainesville, FL 32608

**ARTICLE VI REGISTERED AGENT AND STREET ADDRESS**

CATHI N BROWN

883 SW CUMORAH HILL STREET

FORT WHITE, FL 32038

*see attached for acceptance & signature*

(Attach additional pages if necessary)  
(continued)

FILED  
-01 JUN 28 PM 12:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The date of adoption of the amendment(s) was: MAY 22, 2007

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

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.)

CATHI N BROWN

(Typed or printed name of person signing)

TREASURER

(Title of person signing)

**FILING FEE: \$35**

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

*Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: HOPE HORSES HELPING PEOPLE, INC.
2. The principal office address: 9722 SW 153 AVE  
ARCHER, FL 32618
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: \_\_\_\_\_ Document number: N00000005073
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:  
CAROL HUEGEL  
3038 SW 91 TER  
GAINESVILLE, FL 32608
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  
CATHI N BROWN  
883 SW CUMORAH HILL STREET  
(P.O. Box NOT acceptable)  
FORT WHITE, FL 32038

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
(Signature of an officer or director)

AMANDA WALNES, SECRETARY  
(Printed or typed name and title)

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
(Signature of Registered Agent)

6/7/07  
(Date)

If signing on behalf of an entity:

CATHI BROWN  
(Typed or Printed Name)

**\*\*\* FILING FEE: \$35.00 \*\*\***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (8/05)