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SECREMENTS OF STATE

EFFECTIVE DATE

Amend Manch

DEC 18 2019
I ALBRITTON

## **COVER LETTER**

: Amendment Section Division of Corporations

ME OF CORPORATION: The light	House HAM	ebor c	of Hope	Inc
CUMENT NUMBER: No 3 00000			•	
COMENT NOMBER:	100			
enclosed Articles of Amendment and fee are subn	nitted for filing.			
ase return all correspondence concerning this matter	r to the following:			
DEBOTAL Johnson				
<del>-</del> -	(Name of Contact Perso	n)		
The Light House NARboi o	6 Hope II	1C.		
220 Twelve Oaks pl	<u>ace</u> (Address)			
Sanford, Horida 37	-77 /			
0. 1	(City/ State and Zip Coo	le)		
	~ .	, ,	_	
have bon of Hone Light Hore Dimar address! (to be used	sea 9 may	notification	<u>~</u>	
19 man address. (to be dised	roi ruture annuai report	nouncation	,	
further information concerning this matter, please of	eall:			
DEBORAH Jothnson	at	721	438 (	6221
(Name of Contact Person)	(A	rea Code)	(Daytime Telep	hone Number)
closed is a check for the following amount made pay	rable to the Florida Dep	artment of S	State:	
\$35 Filing Fee \$\Bigcup \\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	Filing Fee cate of Status ed Copy is sed)	
Mailing Address	Street	Address		
Amendment Section		Amendment Section		
Division of Corporations		Division of Corporations		

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

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

## Articles of Amendment to Articles of Incorporation

EF	FE	CT	IVE	DA٦	ΓE
	5.				

No 3 600 000 938
(Document Number of Corporation (if known) suant to the provisions of section 617,1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following endment(s) to its Articles of Incorporation: If amending name, enter the new name of the corporation: ne must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." ompany" or "Co." may not be used in the name. 220 Twelve Oaks pl Sanford, 94 32771 Enter new principal office address, if applicable: incipal office address <u>MUST BE A STREET ADDRESS</u>) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: J20 Twelve Oaks pl (Florida street address)

Stanford Florida 71 32771
(Circ) (Zip Code) New Registered Office Address: w Registered Agent's Signature, if changing Registered Agent: reby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

mending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and
ress of each Officer and/or Director being added:
nch additional sheets, if necessary)
se note the officer/director title by the first letter of the office title:
President: $V = V$ ice President: $T = T$ reasurer: $S = S$ ecretary: $D = D$ irector: $TR = T$ rustee: $C = C$ hairman or $C$ lerk: $CEO = C$ hief cutive Officer: $CFO = C$ hief Financial Officer. If an officer/director holds more than one title, list the first letter of each office
President, Treasurer, Director would be PTD.
nges 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
ange. Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, 🥏
Jones, V as Remove, and Sally Smith, SV as an Add.

imple: <u>PT</u> Change John Doe Mike Jones Remove  $\overline{SV}$ Sally Smith Add <u>Title</u> <u>Addres</u>s e of Action <u>Name</u> eck One) \_\_\_ Change \_\_\_\_ Add \_\_ Remove \_\_\_\_ Change \_\_ Add \_\_\_ Remove \_\_\_\_ Change \_\_\_\_ Add \_\_\_ Remove \_\_ Change \_\_\_\_ Add \_\_\_\_ Remove \_\_\_ Change \_\_\_ Add \_\_\_ Remove \_\_ Change \_\_\_ Add \_\_\_\_ Remove

ctive date if applicable:	JANUARY 1, 2020
	(no more than 90 days after amendment file date)
e: If the date inserted in this block d iment's effective date on the Departr	oes not meet the applicable statutory filing requirements, this date will not be listed as the ment of State's records.
ption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopte was/were sufficient for approval.	ed by the members and the number of votes cast for the amendment(s)
There are no members or members adopted by the board of directors.	entitled to vote on the amendment(s). The amendment(s) was/were
Dated Nov /2	2019 ch Jehnsse
Signature_ Delise	ch Johnson
(By the chairman	or vige chairman of the board, president or other officer-if directors
	elected, by an incorporator – if in the hands of a receiver, trustee, or
other court appo	sinted fiduciary by that fiduciary)
DEBOR	(Typed or printed name of person signing)
	(Typed or printed name of person signing)
Prese	dent
	(Title of person signing)

\_\_\_\_\_, if other than the

date of each amendment(s) adoption: Nov 8 2019 this document was signed.