## N05000006336

(Re	questor's Name)	
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	fope, Inc.		
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are			
Please return all correspondence concerning this n	natter to the following:		
Paul Drew Warren			
<del></del>	(Name of Contact Per	son)	
Community of Hope, Inc.			
	(Firm/ Company)		<del>"</del>
PO Box 1253			
	(Address)	<del></del>	
Melbourne, FL 32902			
	(City/ State and Zip Co	ode)	
info@hopcofbrevard.com			
E-mail address: (to be i	used for future annual repo	rt notificatio	n)
For further information concerning this matter, ple	ease call:		
Paul Drew Warren	- :it	<b>1</b> 07	782-9128
(Name of Contact Per	rson) (	Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount mad	le payable to the Florida De	epartment of	State:
☐ \$35 Filing Fee	& □\$43.75 Filing Fee & us Certified Copy (Additional copy is enclosed)	Certif Certif	0 Filing Fee Teate of Status Ted Copy tional Copy is Osed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Ame Divis	et Address indment Sect sion of Corpo Centre of T	orations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## **Articles of Amendment** to Articles of Incorporation of

Arti	to cles of Incorporation		20	
	of		27	
Community of Hope, Inc.				
(Name of Corporation as currently filed with the Florid	la Dept. of State)		E 2	<u>.</u> ت
N05000006336			C. SE 2.	
(Document Nu	mber of Corporation (if kr	iown)		
Pursuant to the provisions of section 617,1006. Florida Sta amendment(s) to its Articles of Incorporation:	itutes, this Florida Not Fo	r Profit Corporation adopts t	the following	13
A. If amending name, enter the new name of the corpo	ration:			
name must be distinguishable and contain the word "corpa". "Company" or "Co." may not be used in the name.	oration" or "incorporated	" or the abbreviation "Corp.	The new ." or "Inc."	
B. Enter new principal office address, if applicable:	Community of Hope,	Inc.		
(Principal office address MUST BE A STREET ADDRES	SS ) 4515 South Babcock	Street NE		
	Palm Bay, FL 32905			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Community of Hope,	Inc.		
	PO Box 1253			
	Melbourne, FL 3290	2		
D. If amending the registered agent and/or registered of new registered agent and/or the new registered offic		enter the name of the		
Name of New Registered Agent:				
New Registered Office Address:		orida strvet address)	<del></del>	
		, Florida		
	(City)	(Zip Code)		
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am		the obligations of the position	7.	
	Signature of New Registe	red Agent, if changing		

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: XChange X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Do Mike Jo Sally St	<u>ones</u>	
Type of Action (Check One)	Title		<u>Name</u>	Address
1) Change Add	_	-		
Remove				
2) Change Add		-		
Remove 3 ) Remove Add Remove		_		
4) Change Add		-		
Remove				
5) Change Add		-		
Remove				
6) Change Add		-	<del></del>	
Remove				
E. If amending or addin (attach additional sheet	g additio ts. if nece.	<mark>nal <u>Arti</u> ssary).</mark>	cles, enter change(s) here: (Be specific)	
Article III. B, Line 1: STRIKE word 3 "Transitional"				
Article III ADD: C. To acquire or develop properties for use as affordable housing to people who would otherwise				
be homeless or at risk of homelessness.				
ARTICLE III ADD: D. D. To acquire land to be held in perpetuity for the primary purpose of providing affordable				
home ownership				

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The date of each amendment(s) ad date this document was signed,	option: July 14, 2022	, if other than the
Dec		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	in more man in adja ajier anemanijae aate	
<u>Note:</u> If the date inserted in this blo document's effective date on the De	ck does not meet the applicable statutory filing requirement partment of State's records.	ts, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were act was/were sufficient for approva	opted by the members and the number of votes cast for the l.	amendment(s)

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

Signature

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)

David Young (Typed or Frinted name of person signing)

President, Community of Hope Board.
(Title of person signing)