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2011 SEP 28 AM 11:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Amend

TBrown 9-29-11

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: A Touch of Hope Home Care Services

DOCUMENT NUMBER: NO6000008524

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

Please return all correspondence concerning this matter to the following:

Samuel T. Wright, M.Ed  
(Name of Contact Person)

A TOUCH OF HOPE HOME CARE SERVICES  
(Firm/ Company)

5104 NORTH ORANGE BLOSSOM TRAIL SUITE 119  
(Address)

Orlando, Florida 32810  
(City/ State and Zip Code)

A\_TOUCH\_OF\_HOPE\_INC@YAHOO.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Samuel T. Wright at ( 407 ) 219-3301  
(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

☐ \$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

Articles of Amendment  
to  
Articles of Incorporation  
of

A Touch of Hope Home Care Services, Inc.

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

NA6000008524

(Document Number of Corporation (if known))

FILED  
2011 SEP 28 AM 11:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

A. If amending name, enter the new name of the corporation:

*The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.*

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

5104 N ORANGE BLOSSOM TRAIL

SUITE 119

ORLANDO, FL 32810

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5104 N ORANGE BLOSSOM TRAIL

SUITE 119

ORLANDO, FL 32810

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:

\_\_\_\_\_

New Registered Office Address:

(Florida street address)

\_\_\_\_\_

\_\_\_\_\_, Florida  
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

*I hereby accept the appointment as registered agent. I 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, and address of each Officer and/or Director being added:

*(Attach additional sheets, if necessary)*

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
consultant	Jennifer Michael	6701 Alta Westgate Dr Apt- 1110 Orlando, FL 32818	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
consultant	Euletia Costley	5811 Schooner Way Tampa, FL 33615	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
consultant	Flossie LeCounte	1065 Keith Dr Hinesville, GA 31313	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:

*(attach additional sheets, if necessary). (Be specific)*

Article III- This corporation is organized and operated exclusively for charitable purposes within the meaning of section 501(c) (3) of the Internal Revenue Code.

A Touch of Hope Home Care Services provides various services to people with disabilities. ATOHHCS helps to provide in home support, companion care, transportation & supported living to enable disabled and mentally retarded adults to live on their own.

continuation of amendments are attached

## Amendment to the Articles of Incorporation

Article IV- The Directors are appointed by the founder. Upon dissolution of the corporation assets shall be distributed for one or more exempt purposes within the meaning of section 501(c) (3), or shall be distributed to the federal government or to a state or local government for a public purpose. No part of the net earnings of the organization shall inure to the benefit of, or be distributable to its members, trustees, officers, or other private persons, except that the organization shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purpose set forth in the purpose clause hereof.

No substantial part of the activities of the organization shall be the carrying on propaganda, or otherwise attempting to influence legislation, and the organization shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of any candidate for public office. Notwithstanding any other provision of this document, the organization shall not carry on any other activities not permitted to be carried on (a) by an organization exempt from federal income tax under section 501 (c) (3) of the Internal Revenue Code or (b) by an organization, contributions to which are deductible under section 171 (c) (2) of the Internal Revenue Code.

**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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>D</u>	<u>Blittany Pelly</u>	<u>2289 Lee St</u> <u>Buckner, GA</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove

The date of each amendment(s) adoption: August 29, 2011  
(date of adoption is required)

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(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 August 29, 2011

Signature

S. Wright

(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)

Samuel T. Wright, M. Ed.

(Typed or printed name of person signing)

President & Founder

(Title of person signing)