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SECRETARY OF STATE
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Friends of H	ope Adult Day Se	rvices Corp.	
DOCUMENT NUMBER: N06000012420			
The enclosed Articles of Amendment and fee are submitted for filing.			
Please return all correspondence concerning thi	s matter to the follow	ring:	
Tony Gabrielle			
(Name of C	ontact Person)		
c/o Friends of Hope Adult Day	Services		
(Firm/	Company)		
360 South Nine Drive			
(Address)			
Ponte Vedra, FL			
(City/ State and Zip Code)			
For further information concerning this matter, please call:			
Tony Gabrielle	at (_904)	285-2247	
(Name of Contact Person)	(Area Code	& Daytime Telephone Number)	
Enclosed is a check for the following amount:			
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	Division (Clifton B	ent Section of Corporations	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Friends of Hope Adult Day Services Corp.

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

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SCORETARY OF STATE
ALLAHASSEE, FLORIDA

N06000012420

(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 <u>not</u> 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 VIII-A Purpose of Non-Profit (to be added)
Friends of Hope Adult Day Services Corp. is organized exclusively for the charitable
purpose of soliciting grants/donations to create scholarships. These can then be
awarded to families in financial need of providing adult day care services to the
Alzheimer and related dementia individuals and the frail elderly who cannot afford
assisted living facilities.

(Attach additional pages if necessary)
(continued)

The date of adoption of the amendment(s) was: April 27, 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.)
Tony Gabrielle
(Typed or printed name of person signing)
Member, Board of Directors-Friends of Hope Adult Day Services
(Title of person signing)

FILING FEE: \$35