

N 070000000287

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

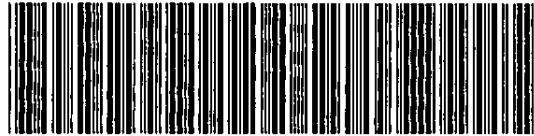
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Back Date - see letter
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10 MAY -5 AM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NC 6/4/10

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Hope Foundation for the Homeless, Inc.

DOCUMENT NUMBER: N07000000287

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

Please return all correspondence concerning this matter to the following:

Krissy Todd

Name of Contact Person

Hope Foundation for the Homeless, Inc.

Firm/ Company

171 Bluebrook Ct.

Address

Oviedo, FL 32766

City/ State and Zip Code

KrissyTodd@earthlink.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Krissy Todd

Name of Contact Person

at (407)

366-4406

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



Good Afternoon,

Apparently, when I submitted our amendment paperwork, I used the incorrect form. Please find enclosed the proper documentation for HOPE Foundation for the homeless, Inc. Form 617.1006

Are you able to please give us the original date for receipt for filing?

Sincerely,

A handwritten signature in black ink, appearing to read "Krissy Todd".

Krissy Todd
CEO
HOPE

Ref number: N07000000287
Letter Number 810A00011634



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 10, 2010

KRISTEEN O TODD
171 BLUEBROOK CT
OVIDO, FL 32766-5026

SUBJECT: HOPE FOUNDATION FOR THE HOMELESS, INC.
Ref. Number: N07000000287

We have received your document for HOPE FOUNDATION FOR THE HOMELESS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Amendments for nonprofit corporations are filed in compliance with section 617.1006, Florida Statutes. Please see the attached information.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6916.

Carol Mustain
Regulatory Specialist II

Letter Number: 810A00011634



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 21, 2010

KRISTEEN O TODD
171 BLUEBROOK CT
OVIEDO, FL 32766-5026

SUBJECT: HOPE FOUNDATION FOR THE HOMELESS, INC.
Ref. Number: N07000000287

We have received your document for HOPE FOUNDATION FOR THE HOMELESS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6916.

Carol Mustain
Regulatory Specialist II

Letter Number: 810A00011634

Articles of Amendment
to
Articles of Incorporation
of

Hope Foundation for The homeless, Inc

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

NO76000000 287

(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:

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

Hope Helps, Inc.

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)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED
10 MAY -5 AM 9:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

(City)

, Florida

(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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

The date of each amendment(s) adoption: _____

(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

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)

(Typed or printed name of person signing)

(Title of person signing)