## N07000002572

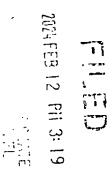
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:  NOT Enwigh mavey for the amendment \$36.00

Office Use Only



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## **COVER LETTER**

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: HOD	e and Healing Corp
, "[	0000 2572
The enclosed Articles of Amendment and fee are s	submitted for filing.
Please return all correspondence concerning this n	natter to the following:
Gewanda J	. Parker
^	(Name of Contact Letson)
Crew anda Sol	nnson Ministries
	(Firm/ Company)
37615. Nova Rd	Suite P PMB 1001
	(Address)
Port Orange, F	1.32129
	(City/ State and Zip Code)
E-mail address: (to be u	ised for future annual report notification)
For further information concerning this matter, ple	ease call:
Gewarda J. Parker (Name of Contact Per	863-585-9729
(Name of Contact Per	son) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made	e payable to the Florida Department of State:
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee Certificate of State	
Mailing Address	Street Address Amendment Section
Amendment Section Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation

Hope and Healing Corp
(Name of Corporation as currently filed with the Florida Dept. of State)
N07000002572 2024 FFR 12 04.
(Document Number of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
Gewanda Johnson Ministries Corp 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)  (Principal office address MUST BE A STREET ADDRESS)
Suil P PMIS 100
Port Orange, Fl. 32129
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  376   5   Nova Ro
Suite P PMB 1001
Port Orange F1.32129
1011 Clange 111 321057
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: Grewanda J. Parker
3761 S, Nova Road Suite PPMB 100
New Registered Office Address:
161+ Ovame. 32129
(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.
App Kate
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)

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: X Change X Remove X Add	PT John Do V Mike Jo SV Sally Si	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	CEO	Gewarda Parker	37615. Nova Rd, SuiteP PMB 1001 PORT ORANGE FL. 32129
2) Remove Change	<u>P</u>	Donna Camp	3761 S. Nova Rd. Suit P PMB 1001
Remove 3) Remove Change Add	C.FO	Ayakao Matkins	Port Orange F1. 32129 3761 S. Nova Rd Swife PPMB 1001 Port Orange F1. 32129
Remove  4) Change Add	9	Mongue Whitaker	3761 S. Niwa Rd. Suite P. PMB 1001 Purt Orange Fc. 32129
5) Kemove Change Add	TR.	Jamilah Johnson	3761 S. Non Rd. Switz P PMB 1001
Change Add  Remove		Marda Grimsley Hosie Grimsley	Port Orange, Fl. 32129 3761 S. Noia Rd. Swife P. PMB 1001 Port Orange, Fl. 32129
E. If amending or adding (attach additional sheet)		<u>cles, enter change(s)</u> here: (Be specific)	<b>3</b> /

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The date of each amendment(s) adoption: date this document was signed.		_, if other than the
Effective date if applicable:		
(no	o more than 90 days after amendment file date)	-
	not meet the applicable statutory filing requirements, this date will not b	e listed as the
Adoption of Amendment(s) (6	CHECK ONE)	
The amendment(s) was/were adopted by was/were sufficient for approval.	the members and the number of votes cast for the amendment(s)	

<u> </u>	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 7/30/2023
	Signature  (By the 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)
	Gewanda, J. Parker
	(Typed or printed name of person signing)
	CEO
	(Title of person signing)



January 12, 2024

GEWANDA J. PARKER 3761 S NOVA RD SUITE P PMB 1001 PORT ORANGE, FL 32129

Ref. Number: N0700002572

We have received your document for and your check(s) totaling \$787.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You need \$848.75 to file the reinstatement and additional \$35.00 for the amendment.

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) 245-6050.

Letter Number: 724A00000705

Anissa Butler Regulatory Specialist II



September 14, 2023

GEWANDA J. PARKER 3761 S. NOVA ROAD SUITE P PMB 1001 PORT ORANGE, FL 32129

SUBJECT: HOPE AND HEALING CORP.

Ref. Number: N07000002572

We have received your document for HOPE AND HEALING CORP., however, upon receipt of your document no check was enclosed. Please return your document along with a check or money order made payable to the Department of State for \$35.00.

You did not have enough money for the amendment.

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) 245-6050.

Letter Number: 523A00021203

Anissa Butler Regulatory Specialist II



January 12, 2024

GEWANDA J. PARKER 3761 S NOVA RD SUITE P PMB 1001 PORT ORANGE, FL 32129

Ref. Number: N0700002572

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Anissa Butler Regulatory Specialist II

FEB 12 2024

Létter Number: 724A00000705