1108000000696

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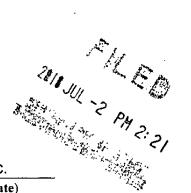


COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Christopher's	Hope: Services for Sp	ecial Needs, Inc.
DOCUMENT NUM	BER: N0800000696		
The enclosed Article	s of Amendment and fee are sul	omitted for filing.	
Please return all corr	espondence concerning this mat	ter to the following:	
	 	nn Livingston	
	(Name of	f Contact Person)	
	(Firm	n/ Company)	
		rth Third Street	
	(Address)	
		Beach, Florida 32250	
	(City/ Sta	te and Zip Code)	
		stophershope.org of for future annual report notif	ication)
For further information	on concerning this matter, pleas	e call:	•
Laura C. Sanders	8	at (904) 239-26	093
(Name	of Contact Person)	(Area Code & Day	rtime Telephone Number)
Enclosed is a check f	or the following amount made p	payable to the Florida Departme	ent 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 Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 323	ntions

Articles of Amendment to **Articles of Incorporation**



Christopher's Hope: Services for Special Needs, Inc. (Name of Corporation as currently filed with the Florida Dept. of State)

N08000000696

(Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts

e new name must be distinguishable an breviation "Corp." or "Inc." <u>"Compan</u> y		
Enter new principal office address, if a rincipal office address <u>MUST BE A STR</u>		
Enter new mailing address, if applica (Mailing address MAY BE A POST OF		
If amending the registered agent and/onew registered agent and/or the new r		Florida, enter the name of the
		Florida, enter the name of the
		dress)
new registered agent and/or the new r Name of New Registered Agent:	egistered office address:	

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>	Type of Action		
<u>P</u>	Tobi A. Rowe	2029 North Third Street Jacksonville Beach, Florida 32250	_ □ Add _ □ Remove		
<u>P, T</u>	TobiAnn Livingston	14596 Pablo Terrace Jacksonville, Florida 32224			
<u>s</u>	Laura C. Sanders	8351 Barquero Court North Jacksonville, Florida 32217	_ 🗌 Remove		
E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)					

The date of each amendment(s)	adoption: 6/29-10
,	(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 a was/were sufficient for approv	adopted by the members and the number of votes cast for the amendment(s) ral.
There are no members or men adopted by the board of direct	mbers entitled to vote on the amendment(s). The amendment(s) was/were tors.
Dated_June 2	9, 2010
Signature	The au Livingston
	e chairman or vice chairman of the board, president or other officer-if directors
	ot been selected, by an incorporator – if in the hands of a receiver, trustee, o
other c	court appointed fiduciary by that fiduciary)
	TobiAnn Livingston
_	(Typed or printed name of person signing)
_	President
_	(Title of person signing)

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