N08000005898

	,
	Requestor's Name)
(Address)
(Address)
	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
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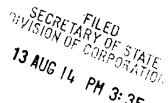
T. BROWN

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Partners of Hope International			
DOCUMENT NUMBER: NO800005			
The enclosed Articles of Amendment and fee are sub-	mitted for filing		
-	_		
Please return all correspondence concerning this matte	er to the following:		
Wanda J. Green			
	(Name of Contact Person)	
Partners of Hope Interna	ational		
	(Firm/ Company)		
Post Office Box 1803			
	(Address)		
Lake City, FL 32056-180)3		
	(City/ State and Zip Code	*)	
wanda@stillwater	rsalf.org		
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please	call:		
Wanda J Green	386 at (867-3308	
(Name of Contact Person)	- ' ' - '	ode & Daytime Telephone Number)	
Enclosed is a check for the following amount made pa	yable to the Florida Depa	rtment 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	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ussee, FL 32301	

Articles of Amendment to Articles of Incorporation of



Partners of Hope International Inc.		PH 3:35
(Name of Corporation as currently filed with the I	Florida Dept. of State)	
N0800005898		
(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statemendment(s) to its Articles of Incorporation:	utes, this Florida Not For Profit Corpora	tion adopts the following
A. If amending name, enter the new name of the corpor	ration:	
		The ne
name must be distinguishable and contain the word "corpo "Company" or "Co." may not be used in the name.	ration" or "incorporated" or the abbrevi	ation "Corp." or "Inc.
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES	<u> </u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Post Office Box 1803	
	Lake City, FL 32056-1	803
D. If amending the registered agent and/or registered o		of the
new registered agent and/or the new registered offic	e address:	
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
	, Florida_	
(Ci		(Zip Code)
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am	red Agent; I familiar with and accept the obligations	of the position.
Signature of No	ew Registered Agent, if changing	

Page 1 of 4

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	<u>V</u> <u>Mi</u>	nn Doe ke Jones lly Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	VP_	Bradley S. Dicks	PO Box 513
Add			Lake City FL 32056
X Remove			
2) Change	<u>VP</u>	Joseph Peurrung	7585 - 216TH ST
X Add			OBRIEN FL 32071
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)			
(attach additional sheets, if necessary).	(Be specific)		
N/A			
			
<u> </u>			

	e date of each amendment(s) adoption:	_, if other than the
	ective date if applicable:	
	(no more than 90 days after amendment file date)	_
Ado	option 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 1, 2013	
	Signature / June / /	
	(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)	
	Lonnie R. Johns	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	