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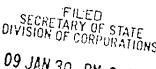
TO: Amendment Section Division of Corporations

NAME OF CORPORATION:Riv	ver of Hope, Incorporated		
DOCUMENT NUMBER: NO8	000008644		
The enclosed Articles of Amendment and	d fee are submitted for filing.		
Please return all correspondence concern	ing this matter to the following:		
Barbara A. Ga	vin		
	(Name of Contact Person)		
River of Hope	e, Incorporated		
(Firm/ Company)			
251 Suwanee S	Streeet		
(Address)			
Jupiter, FL			
For further information concerning this r	(City/ State and Zip Code) matter, please call:		
' Barbara A. Gavin	at (561) 744-0400		
(Name of Contact Person)	(Area Code & Daytime Telephone Number)		
Enclosed is a check for the following am	nount made payable to the Florida Department of State:		
S35 Filing Fee Certificate of State			
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

. Articles of Amendment

to
Articles of Incorporation



09 JAN 30 PM 2: 29 of River of Hope, Incorporated (Name of Corporation as currently filed with the Florida Dept. of State) NO8000008644 (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: 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) 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)

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

(City)

, Florida___ (Zip Code)

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
			Remove
			□ Add
		***************************************	Remove
		- 101	
D 16	N	And he makes showed home	
	ding or adding additional additional sheets, if necessal	Articles, enter change(s) here: ry). (Be specific)	
Addin	g Article VIII- D	issolution	
Upon	the dissolution o	f the corporation, assets	shall be distributed
		purposes within the mean	ing of section 501(c)(3) ing section of any future
			e federal, state, or local
gover	nment for public	purpose. Any such assets	no so disposed of shall
		urt of Competent Jurisdic fice of the corporation i	
		<u> </u>	-
			
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

The date of each amendment	t(s) adoption: December 1, 2008
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we was/were sufficient for app	re adopted by the members and the number of votes cast for the amendment(s) roval.
There are no members or adopted by the board of di	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.
Dated	January 26, 2009
Signature	Barbara a Janin
hav	the chairman or vice chairman of the board, president or other officer-if directors re not been selected, by an incorporator — if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary)
	Barbara A. Gavin, Secretary
	(Typed or printed name of person signing)
	Secretary
	(Title of person signing)

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