N09000003463

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Hope Alliance	e Foundation Corp.	
DOCUMENT NUMBER: N0900003463		
The enclosed Articles of Amendment and fee as	re submitted for filing.	
Please return all correspondence concerning this	s matter to the following:	
Rogelio Robles	(Control Possess)	
(Name o	of Contact Person)	
Hope Alliance Foundation (Fin	m/ Company)	············
14286-19 Beach Blvd # 32 <u>5</u>	(Address)	
Jacksonville, FI 32250 (City/ St	ate and Zip Code)	
For further information concerning this matter,	please call:	
Rogelio Robles (Name of Contact Person)	at (904) 635-68 (Area Code & Daytin	361 ne Telephone Number)
Enclosed is a check for the following amount m	ade payable to the Florida Do	epartment of State:
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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 Corporation Clifton Building 2661 Executive Center C Tallahassee, FL 32301	

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as curr		the Florida Dept, of S	tate)	
	N09000003 mber of Corpora		,	6
Pursuant to the provisions of section 617.1006 the following amendment(s) to its Articles of I		s, this <i>Florida Not For I</i>	Profit Corporation a	dopts
A. If amending name, enter the new name of	of the corporati	on:		
The new name must be distinguishable and cabbreviation "Corp." or "Inc." "Company" or			corporated" or the	
B. Enter new principal office address, if app (Principal office address <u>MUST BE A STREI</u>	plicable:		SEORE TALLAI	AD ADS
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)			[T]	FILED
D. If amending the registered agent and/or new registered agent and/or the new reg			nter the name of the	<u>.</u>
Name of New Registered Agent:				
New Registered Office Address:	(Flor	rida street address)		
		(City)	, Florida (Zip Code)	
New Registered Agent's Signature, if changing the second the appointment as registere position.			ept the obligations o	of the
	Signature of Nev	v Registered Agent, if ch	anging	

removed and	he Officers and/or Directors, enter the title, name, and address of each Officer and sheets, if necessary)		ector being	
<u>Title</u>	<u>Name</u>	Address	Type of Action	
<u>D</u>	Rogelio Robles	14286-19 Beach Blvd #325 Jacksonville, Fl 32250		
D	Charlie Sweat	14286-19 Beach Blvd #325 Jacksonville, Fl 32250		
<u>D</u>	Pamela Thomas	14286-19 Beach Blvd #325 Jacksonville, Fl 32250		
(attach addi	g or adding additional Articles, enter c	c)	ndotion Com	
	aritable, educational & payment as			
will fall within	n IRS code 501(c)(3). We will offer	free services and materials t	o homeowner	
in need of fo	reclosure assistance. Hope Alliand	ce Foundation Corp. will also	offer housing	
for individual	s that have lost their homes through	gh foreclosure or individuals	looking for	
payment assistance or low to moderate income housing.				
Article IV: w	ill be appointed annually. Directors	s shall hold office till their suc	cessors	
are qualified	and approved by directors, the bo	ard shall consist of (3) direct	ors.	

The date of each amendment(s) adoption: 4/2/2009			
Effective date if applicable:			
	(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_4/2/	2009		
Signature			
(By	the chairman of vice chairman of the board, president or other officer-if directors to not been selected, by an incorporator — if in the hands of a receiver, trustee, or er court appointed figure ary by that fiduciary)		
	Rogelio Robles		
	(Typed or printed name of person signing)		
	Director		
	(Title of person signing)		