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SECRETARY OF STALE

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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	PRATION: International F	House of Hope, Inc.			
DOCUMENT NUM	IBER: N09000007887				
The enclosed Article	s of Amendment and fee are sub	omitted for filing.			
Please return all corr	espondence concerning this mat	ter to the following:			
	Sandra I	Ducheine-Baker			
 _	(Name of	Contact Person)			
	International	House of Hope, Inc.			
	(Firm/ Company)				
	3862 Sherid	lan Street, Suite B			
	(,	Address)			
	Hollywood	1, Florida 33021			
	(City/ Sta	te and Zip Code)			
		dz@yahoo.com	<u>.</u>		
,	E-mail address: (to be use	ed for future annual report notificati	on)		
For further informati	on concerning this matter, pleas	e call:			
Sandra Ducheine	e-Baker	at (954) 461-1839			
	of Contact Person)	(Area Code & Daytime	Telephone Number)		
Enclosed is a check t	for the following amount made p	payable to the Florida Department of	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)		
Ame Divis	ing Address ndment Section sion of Corporations Box 6327	Street Address Amendment Section Division of Corporations Clifton Building	S		

2661 Executive Center Circle Tallahassee, FL 32301

FILED

Articles of Amendment

Articles of Ir	•	2010 QCT 20 PH	¥ 32
International House (Name of Corporation as currently files	of Hope, Inc.	SECRETARY OF TALL AHASSEE, F	STATE LORID;
N0900000	<u> </u>	·	
(Document Number of Co		1)	
Pursuant to the provisions of section 617,1006, Florida S the following amendment(s) to its Articles of Incorporati	statutes, this <i>Florida</i> on:	Not For Profit Corp.	oration adopts
A. If amending name, enter the new name of the corp	ooration:		
The new name must be distinguishable and contain the abbreviation "Corp." or "Inc." "Company" or "Co." n	e word "corporation nay not be used in the	n" or "incorporated" he name.	or the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR.	ESS)		·
C. Enter new mailing address, if applicable:			 -
(Mailing address MAY BE A POST OFFICE BOX)			
D. If amending the registered agent and/or registered new registered agent and/or the new registered off		lorida, enter the nar	ne of the
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·	·
New Registered Office Address:	(Florida street add	ress)	
		, Florida	
	(City)	(Zip (Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. position.		and accept the oblig	gations of the

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
STD	Judith Fletcher	10395 SW 186th Street 2nd Floor Miami, Florida 33157	
STD	Wadson Joseph	3862 Sheridan Street Suite B Hollywood, Florida 33021	🗌 Remove
E. If amend	ding or adding additional Articles, dditional sheets, if necessary). (Be	enter change(s) here: specific)	