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PICK-UP WAIT MAIL		
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Amend

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NOV 13 2009

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: World H	ope Charifies	
DOCUMENT NUMBER:		·
The enclosed Articles of Amendment and fee are st	ubmitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
Alexander Den	t	
(Name o	of Contact Person)	
world Hope Cha	nities	
\ (Fir	rm/ Company)	
812 N Apolla Blow	L	
812 N Apollo Blva	(Address)	
1. 11 2. 7. 21	1025	
Melbourne, FL, 32 (City/s	4935	
` '	•	
info@worldhopech	arities, org sed for future annual report notific	
, E-mail address: (to be u	sed for future annual report notific	ation)
For further information concerning this matter, plea	ase call:	
Alexander Dent	at (
(Name of Contact Person)	(Area Code & Dayti	me Telephone Number)
Enclosed is a check for the following amount made	payable to the Florida Departmen	at of State:
\$35 Filing Fee \$43.75 Filing Fee &	☐ \$43.75 Filing Fee &	\$52.50 Filing Fee
Certificate of Status	Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address	Street Address	·
Amendment Section Division of Corporations	Amendment Section Division of Corporati	ons
P.O. Box 6327	Clifton Building	
Tallahassee, FL 32314	2661 Executive Cente	er Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

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TALL CAS	10 y 2	0
MA	SECONDO	20
of State)	NOV 9 AM 8. SSEE PLOFICA	

Name of Corporation as currently filed with the Florida Dept. of Sta

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:

(Document Number of Corporation (if known)

The new name must be distinguishable and conta abbreviation "Corp." or "Inc." "Company" or "Comp		'ed" or the
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A		<u>vd</u> ,
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<i>BOX</i>)	
D. If amending the registered agent and/or registered agent and/or the new registered. Name of New Registered Agent:		name of the
New Registered Office Address:	(Florida street address), Florida (City)	rida Zip Code)

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

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 ☐ Add _ 🗆 Add ☐ 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: 10/27/2009
,	(date of adoption is required)
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were a was/were sufficient for approva	adopted by the members and the number of votes cast for the amendment(s) al.
There are no members or men adopted by the board of directed	nbers entitled to vote on the amendment(s). The amendment(s) was/were ors.
have no	e chairman or vice chairman of the board, president or other officer-if directors of been selected, by an incorporator – if in the hands of a receiver, trustee, or ourt appointed fiduciary by that fiduciary)
_	(Typed or printed name of person signing)
_	President
	(Title of person signing)

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