## N0900008633

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(Cit	y/State/Zip/Phone	∋ #)
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DR 12/14

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: MISSIOT	Lakeland,	Inc.	
DOCUMENT NUMBER: N090000	08633		
The enclosed Articles of Amendment and fee are	submitted for filing.		
Please return all correspondence concerning this	matter to the following:		
Paul Malson			
	(Name of Contact Pe	erson)	
Mission Lakeland, Inc.	•		
	(Firm/ Company	<i>v</i> )	
6065 Breckenridge Dr	•		
	(Address)		
Milton, FL 32570			
	(City/ State and Zip	Code)	
paul@malson.c			
E-mail address: (to be	used for future annual rep	port notification)	
For further information concerning this matter, pl	lease call:		
Paul Malson	at ( <b>85</b> 0	910-3926	
(Name of Contact Person)		ea Code & Daytime Telephone Number)	
Enclosed is a check for the following amount ma	de payable to the Florida I	Department of State:	
■ \$35 Filing Fee □\$43.75 Filing Fe Certificate of Sta	ce & \$\sumsymbol{\subset}\$\$\$43.75 Filing Fee atus Certified Copy (Additional copy i enclosed)	Certificate of Status	
Mailing Address		reet Address	
Amendment Section Division of Corporations		nendment Section vision of Corporations	
P.O. Box 6327		Clifton Building	

2661 Executive Center Circle Tallahassee, FL 32301

## **Articles of Amendment** to Articles of Incorporation of

FILED

Mission Lakeland, Inc.

2814 NOV 21 PH 1: 30

(Name of Corporation as currently filed with the Florida Dept. of State) N09000008633

SECRETARY OF STATE

(Document Number of Co	rporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	s, this Florida Not For Profit Corporation adopts the followin
A. If amending name, enter the new name of the corporati	on:
Emerald Coast City of Hope, Inc.	The nev
name must be distinguishable and contain the word "corporat "Company" or "Co." may not be used in the name.	
B. Enter new principal office address, if applicable:	6065 Breckenridge Dr.
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	Milton, FL 32570
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	6065 Breckenridge Dr.
	Milton, FL 32570
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office at Name of New Registered Agent:	
Name of New Registered Agent.	
New Registered Office Address:	(Florida street address)
	Florida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fan	niliar with and accept the obligations of the position.
Signature of New 1	Registered Agent if changing

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)

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	PT         John D           V         Mike John S           SV         Sally S	ones	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
l) Change Add Remove			
2) Change Add		<del></del>	
Remove 3)ChangeAdd			
Remove 4)ChangeAdd			
Remove 5) Change Add	<del></del>		
Remove 6) Change Add Remove			

ttach additional sheets, if necessary).	(Be specific)
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The date of each amendment(s) adoption: November 1, 2014			, if other than the
	Late this document was signed.  Effective date if applicable:  November 1, 2014		
	<u> </u>	(no more than 90 days after amendment file date)	<del></del>
Ado	option of Amendment(s)	( <u>CHECK ONE</u> )	
	The amendment(s) was/w was/were sufficient for ap	ere adopted by the members and the number of votes cast for the amendment(s) oproval.	
	There are no members or adopted by the board of o	members entitled to vote on the amendment(s). The amendment(s) was/were directors.	
	Dated Nov	vember 16, 2014	
		DOCR M	
	have r	chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)	_
	Paul E	Malson	
		(Typed or printed name of person signing)	
	Preside	ent - Mission Lakeland, Inc.	
		(Title of person signing)	