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TALLAHASSEE, FLORID

ASR 120 110

COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: HOPE Supports & Services Inc DOCUMENT NUMBER: N 1000000408 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Shirley Obercrumbie Name of Contact Person) HOPE Supports & Services Inc 102 EL Rancho DR (Address) Perry F1 32347 5-abercrumbie e hotmail. (om E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Shirley Obercrymbre at (850) 838-5792 (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: ☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address **Street Address** Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Art	icles of Amen	dment	FILED
	to		10 JAN 20
Artic	cles of Incorpo	oration 5	10 JAN 20 PM 12: 44
HOPE Supp	of Ports 4	Service	1.1 A. O. O. M. M. M. M. W.
(Name of Corporation as curre	ently filed with	the Florida Dep	t. of State)
(Document Num	ber of Corporat	tion (if known)	
Pursuant to the provisions of section 617.1006, the following amendment(s) to its Articles of In	Florida Statutes corporation:	s, this <i>Florida No</i>	t For Profit Corporation adopts
A. If amending name, enter the new name of	f the corporatio	on:	•
	*		
The new name must be distinguishable and coabbreviation "Corp." or "Inc." "Company" of	ontain the word r "Co." may no	! "corporation" of the used in the n	or "incorporated" or the
B. Enter new principal office address, if app		102 80	- Rancho Drive
(Principal office address <u>MUST BE A STREE</u>	I ADDKESS)	Perri	FI 32347
)
	;		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)			·
		<u> </u>	
D. If amending the registered agent and/or r	anistanad affica	odduses in Flor	ida antau tha nama af tha
new registered agent and/or the new regis			iga, enter the name of the
Name of New Registered Agent:			
New Registered Office Address:	(Flor	ida street address	
-	•		•
-	· · · · · · · · · · · · · · · · · · ·	(Clin)	, Florida
	•	(City)	(Zip Code)
New Registered Agent's Signature, if changin	g Registered A	gent:	
I hereby accept the appointment as registered position.	agent. I am	familiar with an	d accept the obligations 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)

Title	<u>Name</u>	<u>Address</u>	Type of Action
	Shorter abordantine Phillip Mc Neal	10256Runcho Da	_ 🗵 Add _ 💢 Remove
The state of the s	Simone abercrumbie	:	_
	Sheila Kelly.		_ □ Add _ □ Remove
	ing or adding additional Articles, enter conditional sheets, if necessary). (Be specific		
	•		
			
· 	*		
			· · · · · · · · · · · · · · · · · · ·
 			

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>	Name	Address	Type of Action
VY	B Meniche	Cathy S. Johnson	470 Mason Drive Havana FI 32333	Add Remove
Sec. Ŧ	Rocard Wemba Pres	Sylvia Flowers-Aggs Shirley Chercrambie	3700 Capital Circle SE # 923 Tallahassee 32311	Add Remove
	Director	Shirley abercrambie	102 ELRUNCHO Drive Perry Fl 32047	☐ Add ☐ Remove
		g or adding additional Articles, enter clional sheets, if necessary). (Be specific		
		+		

The date of each amendment(s) adoption: 1/20/2010
Effective date <u>if applicable</u> :	(date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were was/were sufficient for approx	adopted by the members and the number of votes cast for the amendment(s)
There are no members or me adopted by the board of direct	mbers entitled to vote on the amendment(s). The amendment(s) was/were tors.
Dated	120/10
Signature	Kuley alwhie
have r	e chairmaff 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)
-	Shirley abercrumbie (Typed orbrinted name of person signing)
-	President Director

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