

N100000001749

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(Business Entity Name)

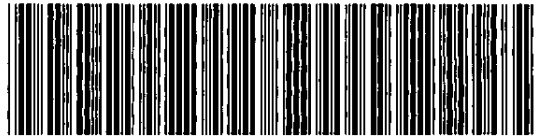
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10 APR 27 AM 9:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Roberts APR 27 2010



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 9, 2010

MS. VALARIE KING
NEW HOPE MISSION DREAM TEAM CHARITY CENT
1575 SW 5TH STREET, APT #205
HOMESTEAD, FL 33030

SUBJECT: NEW HOPE MISSION DREAM TEAM CHARITY CENTER, INC.
Ref. Number: N10000001749

We have received your document for NEW HOPE MISSION DREAM TEAM CHARITY CENTER, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Articles of Correction must be filed within 30 days of the file date of the document that is being corrected. As the time period for filing Articles of Correction has expired, an amendment to the articles of incorporation could be filed at this time.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 010A00008705

RECEIVED
APR 27 14 08:00
TALLAHASSEE, FL
SECRETARY OF STATE

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: New Hope Mission Dream Team Charity Center, Inc

DOCUMENT NUMBER: N10000001749

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ms. Valarie King
(Name of Contact Person)

New Hope Mission Dream Team Charity Center, Inc
(Firm/ Company)

1575 Sw. 5th Street Apt. #205
(Address)

Homestead, Florida 33030
(City/ State and Zip Code)

New Hope Mission Dream Team@a1.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ms Valarie King at (305) 242-3659
(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 &
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)

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

New Hope Mission Dream Team Charity Center, Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)

N10000001749

(Document Number of Corporation (if known))

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:

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:
(Principal office address **MUST BE A STREET ADDRESS**)

C. Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

New Registered Office Address:

(Florida street address)

(City)

Florida

(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

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TALLAHASSEE, FLORIDA

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>	<u>Type of Action</u>
<u>Secretary</u>	<u>MRS Jo Ann McNeal</u>	<u>10759 SW 226 St</u> <u>Goulds, Fla 33170</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>Treasurer</u>	<u>Ms. Milgrina King</u>	<u>10858 SW 243 Lane</u> <u>HomeStead, Fla 33032</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here: Article III Purpose Adding
(attach additional sheets, if necessary). (Be specific)

This Corporation shall be a Non-Profit Corporation
And the purpose of this organization shall fully
be to serve the community as well as the
Lord. And the timeless, to bring All hope to
people across all Nations we shall help
the community by Feeding, Clothing, and
Help them Find - Jobs, Housing, Help the Elder
of the community as well as far as providing
for the people in Haiti with a Outreach
Ministries. SO my vision is to Help and reach
out to Everyone.

The date of each amendment(s) adoption: April 16, 2010

Effective date if applicable: April 21, 2010
(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 adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated April 21, 2010

Signature Valarie King
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Ms. Valarie King
(Typed or printed name of person signing)

Valarie King
(Title of person signing)