N10000001802

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400305813974

11/20/17--01030--018 **35.00

2017 NOV 28 AN IDI L

1.0V 2.1 207

COVER LETTER

COVER LETTER T	. T
COVER LETTER TO: Amendment Section Division of Corporations NAME OF CORPORATION: Dare to Hope Inc.	
NAME OF CORPORATION: Dare to Hope Inc	18
DOCUMENT NUMBER: N 100000 1802	•
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
SABRINA E 12EE (Name of Contact Person)	
DARE to Hope The (Firth/Company)	
1370 NE 138th Street (Address)	
NORTH MIRMI FL 33161 (City/State and Zip Code)	
SPIERREPIERRE GMAIL COME	
For further information concerning this matter, please call:	
SABRINA ELIZEE at (954) 708-9532 (Area Code) (Daytime Telephone Number)	
Enclosed is a check for the following amount made payable to the Florida Department of State:	
\$35 Filing Fee	

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

Articl	es of Incorporation of
DARF to Ho	of TNC.
(Name of Corporation as curre	ntly filed with the Florida Dept. of State)
R 1000000 1802	
(Document Num	ber of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statu amendment(s) to its Articles of Incorporation:	tes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpora	tion:
NA	The new
name must be distinguishable and contain the word "corpor" Company" or "Co." may not be used in the name.	ation" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS	λ / λ
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
	- AA
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office	
Name of New Registered Agent:	
	ΛIIA
	(Florida street address)
New Registered Office Address:	.:1
	(lity), Florida (Zip Code)
New Registered Agent's Signature, if changing Registere	d Agent:
I hereby accept the appointment as registered agent. I am f	
	NIA
	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 I V Mike : SV Sally S	Jones .	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	_\$_	Noelle Berrouet	1370 NE 138th Street
Add			NORTH MIRMI FL 33161
2) Change	_N/A	M/A	<u> </u>
Add Remove 3) Change Add	AA	N/n	
Remove 4) Change Add	<u>~/</u> ^	NIn	
Remove 5) Change Add	NA	N/D	
Remove 6) Change Add	MF	Alp	
Remove		Puge 2 of 4	

ach additional sheets,	dditional Articles, enter change(s) here: f necessary). (Be specific)		
			
<u>.</u>			
		<u> </u>	
· · · · · · · · · · · · · · · · · · ·	A /		
	/		
/			
/			
			
-1			

	e date of each amendment(s) adoption:	N/A	, if other than the
	ective date <u>if applicable</u> :	11/14/17	
	(no i	more than 90 days ifter amfendment file	date)
	e: If the date inserted in this block does not ument's effective date on the Department of		uirements, this date will not be listed as the
Ade	option of Amendment(s) (CI	HECK ONE)	
Ø	The amendment(s) was/were adopted by the was/were sufficient for approval.	he members and the number of votes can	st for the amendment(s)
	There are no members or members entitled adopted by the board of directors.	d to vote on the amendment(s). The ame	endment(s) was/were
	Dated	7	
	Signature	John Elije	
	have not been se ected.	e chairman of the board, president or of , by an incorporator – if in the hands of fiduciary by that fiduciary)	
		SARIMA ELIZEE (Typed or printed name of person s	igning)
		Vice Presider (Title of person signing)	1

. . . .