N10000002918

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(Cit	ry/State/Zip/Phone	÷#)
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SECRETARY OF STATE

Amend TBrown 12-22-11

COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPORATION: Lilybell Hope Foundation			
DOCUMENT NUMBER:	N1000	0002918	
The enclosed Articles of Am	endment and fee are sub	mitted for filing.	
Please return all corresponde	ence concerning this matte	er to the following:	
Scott Runnels	(Nan	ne of Contact Person)	· · · · · · · · · · · · · · · · · · ·
M Scott Runnels DMD	(Firm/ Company)	
4399 Commons Drive suite	100	(Address)	
Destin fl 32541	(City	/ State and Zip Code)	
drmsr72@g p	OA WSA anlatomidress: (to be used	-12@GWNL.COM	notification)
For further information conc	erning this matter, please	call:	
Scott Runnels (Name of Cor	ntact Person)	at (below of the second of the sec
Enclosed is a check for the fo	ŕ		
\$35 Filing Fee			□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing A			Address

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

2011 DEC 19 AM 8: 46

TALLAHASSEE, FLORIDA

Lilybell Hope Foundation Inc.

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

N10000002918

(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 nam	e of the corporation:	TI
ame must be distinguishable and contain t Company" or "Co." may not be used in t		TheThe abbreviation "Corp." or " i
B. Enter new principal office address, if Principal office address MUST BE A STI		
Enter new mailing address, if applica (Mailing address MAY BE A POST O)		
. If amending the registered agent and/ new registered agent and/or the new i		Florida, enter the name of the
Name of New Registered Agent:		
<u>-</u> <u>ew Registered Office Address</u> :	(Florida street ad	Idress)
_		, Florida
	(City)	(Zip Code)
ew Registered Agent's Signature, if cha hereby accept the appointment as register		d accept the obligations of the position.
Signa	uture of New Registered Agent, if	changing

Page 1 of 4

If AMENDING the Officers and/or Directors, please list all officers/directors of the corporation as you now want the record to be. Please indicate the title(s), name and address for each officer/director. (Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them on an

additional sheet.)

Title(s)	<u>Name</u>	Address	
1)Preside	Jason Thackeray	6314 Augusta Cove Destin fl 32541	
2)secretar	Kim Burke	4399 Commons Drive Destin fl 32541	
3)treasur	Renee Marshall	DESTIN FL 32541	
4)			
5)			
6)			
If REMOVING	an officer and/or director, please l	ist the title(s) and name of the officer/director to be removed	<u>i:</u>
Title(s)	<u>Name</u>	<u>Title(s)</u> <u>Name</u>	
1)pres	Amanda Thackeray	4)	
2)		5)	

The date of each amendment(s) adoption: 12/19/11			
-	ective date if applicable: 12/19/11 (no more than 90 days after amendment file date)		
Ado	option of Amendment(s) (<u>CHECK ONE</u>)		
v	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 Signature W. Scutt Runneld		
	(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)		
	M. SCOTT RUNNERS		
	(Typed or printed name of person signing) (THATPUHN / FOUNDER (Title of person signing)		
	(

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