## N1000000001111

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SECREPARY OF STATE
TALLAHASSEE, FL

of 3/10/2022

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:	Hofe	Commo	nity Church, Inc
DOCUMENT NUMBER:	N100	00004///	
The enclosed Articles of Amendment	ınd fee are submi	tted for filing.	
Please return all correspondence conce	rning this matter	to the following:	
PASTO	2 JUL	10 Volc	Y
	1)	Name of Contact Person	on)
		(Firm/ Company)	
5418	52ml	Ave Wes (Address)	+
		(Address)	
Bradeni	ton 8	T 3 4 2 City/ State and Zip Coo	_10
	((	City/ State and Zip Coo	de)
Julio@1	each w	; thope	• O C G
For further information concerning this			nomeationy
_	•		141-524-6841 rea Code) (Daytime Telephone Number)
(Name of	Contact Person)	(A	rea Code) (Daytime Telephone Number)
Enclosed is a check for the following a	mount made paya	ible to the Florida Dep	partment of State:
☐ \$35 Filing Fee ☐\$43.75 Certific	rate of Status	Certified Copy	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
<u>Mailing Address</u> Amendment Section Division of Corporat P.O. Box 6327	ions	Amen Divisi	Address dment Section on of Corporations Centre of Tallahassee

Money was sent

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

RECEP La

2022 MAR 15 AMII: 57

STATE F. FL

FLORIDA DEPARTMENT OF STATE Division of Corporations

February 11, 2022

**PASTOR JULIO VOLCY** 5418 52ND AVENUE WEST BRADENTON, FL 34210

SUBJECT: HOPE COMMUNITY CHURCH, INC.

Ref. Number: N10000004111

We have received your document for HOPE COMMUNITY CHURCH, 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):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

The current name of the entity is as referenced above. Please correct your document accordingly.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following acceptable officer/director link for title information. http://dos.myflorida.com/sunbiz/search/guides/corporation-records/titleabbreviations/

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) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 922A00003460

## Articles of Amendment to Articles of Incorporation

FILED

2022 HAR 15 PM 4:57

(Name of Corporation as currently filed with the Florida	Dept. of State)	2022 TAK 15 PFI 4:5
HOPE COMMUNITY CHURCH, INC	N10000004111	SECRETATIVE OF STAT
(Document Num	ber of Corporation (if known)	TALE/MASSEE, FL
Pursuant to the provisions of section 617.1006, Florida Statu amendment(s) to its Articles of Incorporation:	tes, this <i>Florida Not For Profit Co</i>	orporation adopts the following
A. If amending name, enter the new name of the corpora	tion:	
RENDEZ VOUS CH	IRIST, INC	The new
name must be distinguishable and contain the word "corpora	ttion" or "incorporated" or the al	<del></del>
"Company" or "Co." may not be used in the name.	1938 MANATEE AVE EAST	
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRESS</u>	) BRADENTON	
	FLORIDA 34208	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1938 MANATEE AVE EAST	
	BRADENTON	
	FLORIDA 34208	<del></del>
D. If amending the registered agent and/or registered off	ice address in Florida, enter the	name of the
new registered agent and/or the new registered office:	address:	
N/A <u>Name of New Registered Agent:</u>		
N/A		
<del></del>	(Florida street ac	ddress)
<u>New Registered Office Address:</u> N/A		N/A
IVA		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered	l Agent:	
I hereby accept the appointment as registered agent. I am fa	miliar with and accept the obligat	ions of the position.
<u></u>	ignature 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 Do V Mike Jo SV Sally Sr	<u>nes</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
Change Add	P	MAN DESIR	1107.33RD AVE WEST BRADENTON, FL 34205
Remove			
2) Change Add			
Remove 3) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional sheet		cles, enter change(s) here: (Be specific)	
ON JANUARY 20TH, TH	IE BOARD OF DIREC	TIORS OF HOPE COMMUNITY CHURCH VOTED TO	CHANGE THE NAME
HOPE COMMUNITY CHURC	.H . INC TO RENDEZ	VOUS CHIRST, INC.	
	_ <del></del>		

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	<del></del>	
	JANUARY 20TH, 2022	
The date of each amendment(s)	adoption:	, if other than the
date this document was signed.	JANUARY 20TH 2022	
Effective date if applicable:	JANOART 201H 2022	
<del></del> -	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the I	block does not meet the applicable statutory filing requirements, this date wi Department of State's records.	Il not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were was/were sufficient for appro	adopted by the members and the number of votes cast for the amendment(soval.	)

opted by the board	d of directors.
	JANUARY 20TH, 2022
Dated _	<del></del>
Signature _	J-/=
h	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)
	DR, Julio Volcy
	(Typed or printed name of person signing)
	PRESIDENT- CHAIRMAN

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were