N10000004378

(Re	equestor's Name)	
(Ac	dress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phon	e #)
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(Do	ocument Number)	
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OCT - 5 2012

Amend

T. LEWIS

COVER LETTER

TO: Amendment Section

Division of Corporations

Hope Keins Inc. NAME OF CORPORATION: N10000004378 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Hope Rosenthal
(Name of Contact Person)

Hope Reins, Inc.
(Firm/Company) 3804 Pioneer Trail
(Address) New Smyrna Beach, FL 32/68
(City/State and Zip Code) Contact @ hopereinsine. or q E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Hope Rosenthal at (386) 424 - 0123
(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 Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

	OI .	
Hope Reins, Inc	<u>. 2012</u> 1	<u>OCT -4 AM 8:4</u>
(Name of Corporation as currently filed with the Flo	orida Dent of State)	
NZ 0000064378	SEC; TALL	RETARY OF STATE AHASSEE, FLORID
(Document Number of Corpor	ration (if known)	MIN SEE, FLORID
(Southern Manuel of Corpor	the manner of th	
ursuant to the provisions of section 617.1006, Florida Statute mendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation adopts	the following
. If amending name, enter the new name of the corporat	tion:	
N/A		Th
name must be distinguishable and contain the word "corpora	ation" or "incorporated" or the abbreviation "Cor	The new
Company" or "Co." may not be used in the name.	and the properties of the abovernation con	p. 0, 1,,0.
	Al /A	
3. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS	\	
The cipul office address MOST BEASTREET ADDRESS	,	
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	,
		
16 amounding about a single and a second a second as second as second as second as second as second as second		
 If amending the registered agent and/or registered offi- new registered agent and/or the new registered office a 		
	<u>Μαιτου.</u>	
Name of New Registered Agent: N/t	<u>4</u>	
	(Florida street address)	
New Registered Office Address:		
	Florida	
(City)	, Florida (Zip Code)	*************************************
lew Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am fa		·
nereby weeeps the appointment as registered agent. I am ju	minur with and accept the ootigations of the positi	UTI.
Signature of New Regis	stered Agent, if changing	

Page 1 of 4

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 <math>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	<u>V</u> <u>Mik</u>	n Doe te Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	<u>[2]</u>	Amy Hall	2010 Country Farm Rd. Port Orange, FL 32128
2) Change Add	ID	Suzanne Cantlay	5992 Park Ridge Dr. Part Orange, FL 32127
Remove 3) Change Add Remove	50_	Hilary Reilly	1775 Weeping Elm Cir. Port Orange, FL 32128
4) Change	<u>D</u>	Debra Zacharias	649 Wellington Drive Deltona, FL 32725
Remove 5) Change Add Remove	<u>D</u>	Deborah Colley	700 Alligator Ranch Rd. New Smyrna Beach, FL 3216
6) Change	<u>D</u> .	Maria Benut	1710 Bordeaux Court Port Orango, FL 32128
Remove		Page 2 of 4	

XAdd D Lori Hagan 6908 Vintage Lane Port orange, FL 32128

E. If amending or adding additional Articles, enter change(s) here:	
(attach additional sheets, if necessary). (Be specific)	
N/A	

The date of each amendment(s) adoption: W(vst 29, 2012
Effective date if applicable: Qusvst 29, 20/2 (no more than 90 days after amendment file date)
(no more than 30 days after amenament 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 8/29/12
Signature Hem Rosende
(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)
Hope Rosenthal (Typed or printed name of person signing)
President
(Title of person signing)