

N 10000004378

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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2019 JAN 14 12 23

FILED

JAN 27 2019
T. LEINECK

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Hope Reins, Inc.

DOCUMENT NUMBER: N 1 000000 4378

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 32168

(City/ State and Zip Code)

contact@hopereinsinc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Hope Rosenthal

(Name of Contact Person)

at (386) 262-8538

(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

RECEIVED
2019 JAN 17 AM 11:56
SECRETARY OF STATE
TALLAHASSEE, FL

Sent previously



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 15, 2018

HOPE RPSENTHAL
3804 PIONEER TR
NEW SMYRNA BEACH, FL 32168

SUBJECT: HOPE REINS, INC.
Ref. Number: N10000004378

We have received your document for HOPE REINS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you sent in is for a change of registered agent. You can not change officers and directors on that document. You will have to file articles of amendment.

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.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 618A00023514

Articles of Amendment
to
Articles of Incorporation
of

Hope Reins, Inc.

FILED

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

N10000004378

2019 JAN 18 P 2 33

(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:

(Florida street address)

New Registered Office 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

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>VP</u>	<u>Nicholas Psathas</u>	<u>135 Country Circle Dr. E.</u> <u>Port Orange, FL 32128</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>D</u>	<u>Lori Hagan</u>	<u>6908 Vintage Lane</u> <u>New Smyrna Beach, FL 32168</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>D</u>	<u>Kathy Piersa</u>	<u>407 Northstar Lane</u> <u>Edgewater, FL 32141</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Thomas Piersa</u>	<u>407 Northstar Lane</u> <u>Edgewater, FL 32141</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>S</u>	<u>Natalie Eisenhut</u>	<u>2035 Avocado Drive</u> <u>Port Orange, FL 32128</u>
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Tony DeCamillis</u>	<u>905 N. Atlantic Ave.</u> <u>New Smyrna Beach, FL</u> <u>32169</u>

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
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1) <input checked="" type="checkbox"/> Change	<u>T</u>	<u>Stacey Melanson</u>	<u>5500 Carmody Lane</u>
<input type="checkbox"/> Add			<u>Port Orange, FL 32128</u>
<input type="checkbox"/> Remove			

2) <input type="checkbox"/> Change	<u>D</u>	<u>Beverly Johnson</u>	<u>850 Grouper Avenue</u>
<input checked="" type="checkbox"/> Add			<u>New Smyrna Beach, FL 32169</u>
<input type="checkbox"/> Remove			

3) <input type="checkbox"/> Change	<u>D</u>	<u>Dr. Alex White</u>	<u>5111 S. Ridgewood Ave #30;</u>
<input checked="" type="checkbox"/> Add			<u>Port Orange, FL 32127</u>
<input type="checkbox"/> Remove			

4) <input type="checkbox"/> Change	<u> </u>	<u> </u>	<u> </u>
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

5) <input type="checkbox"/> Change	<u> </u>	<u> </u>	<u> </u>
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

6) <input type="checkbox"/> Change	<u> </u>	<u> </u>	<u> </u>
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 12/15/18

Signature Hope Rosenthal
(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 / Executive Director
(Title of person signing)