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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6380

From: Account Name : CSH SERVICES, LLC  
Account Number : I20070000160  
Phone : (800) 494-3124  
Fax Number : (561) 455-9885

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Email Address: \_\_\_\_\_

COR AMND/RESTATE/CORRECT OR O/D RESIGN  
HOPE INTERNATIONAL COMMUNITY PROGRAMS, INC.

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

Help

*Handwritten signature and date: 2/25/11*

Articles of Amendment  
to  
Articles of Incorporation  
of

HOPE INTERNATIONAL COMMUNITY PROGRAMS, INC.

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

N1000005161

(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:

HOPE INTERNATIONAL CHURCH, INC.

New Registered Office Address:

7432 HWY 50 STE 109

(Florida street address)

GROVELAND

(City)

Florida 34738

(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

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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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
D	VERNONJ HICKEY	7432 HWY 50 STE 109 GROVELAND FL 34738	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
D	TODD JONES	7432 HWY 50 STE 109 GROVELAND FL 34738	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
D	JODIE MCCOY	7432 HWY 50 STE 109 GROVELAND FL 34738	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

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

THE DIRECTOR MARY MACK IS HEREBY ADDED,  
MARY MACK, 7432 HWY 50 STE 109, GROVELAND FL 34738

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The date of each amendment(s) adoption: 2/23/2011

*(date of adoption is required)*

Effective date if applicable: \_\_\_\_\_

*(no more than 90 days after amendment 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 2/23/2011

Signature \_\_\_\_\_

*(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)*

ANTHONY MCCOY

*(Typed or printed name of person signing)*

DIRECTOR

*(Title of person signing)*

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