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COVER LETTER

Division of Corporat	ions			
NAME OF CORPORAT	ION: BRIDGE	OF HOPE CE	STER NC.	
DOCUMENT NUMBER	e: N1000000	7012		
The enclosed Articles of A	Imendment and fee are su	bmitted for filing.		
Please return all correspon	ndence concerning this mat	tter to the following:		
_	Patrick BAIDGE OF HE	Name of Contact Person		
		Firm/ Company		
	409 W.	Frances	, St	
	Tampa,	FL 33 City/ State and Zip Cod	602	
	E-mail address: (to be us	sed for future annual report	notification)	
For further information co	oncerning this matter, pleas	se call;		
Patrick Name of C	Puentes Contact Person	at (813 Area Co	de & Daytime Telephone Number	_09
Enclosed is a check for th	e following amount made p	payable to the Florida Depa	artment 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)	
M - 212		Chanak	A 44	

Mailing Address

TO: Amendment Section

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



March 7, 2013

PATRICK PUENTES BRIDGE HOPE CENTER INC 409 W. FRANCES STREET TAMPA, FL 33602

SUBJECT: BRIDGE OF HOPE CENTER INC

Ref. Number: N10000007012

We have received your document for BRIDGE OF HOPE CENTER INC and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

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.

Sylvia Gilbert Regulatory Specialist II

Letter Number: 213A00005438

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Bridge Of Hope Center INC			
DOCUMENT NUMBER: N 100000 7012			
The enclosed Articles of Amendment and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
De line Pur Les			
Patrick Puentes (Name of Contact Person)			
· · · · · · · · · · · · · · · · · · ·			
(Firm/ Company)			
409 W-Frances Street (Address)			
(Address)			
4 anya FL 3360Z (City/ State and Zip Code)			
(City/ State and Zip Code)			
n puentes D Lampabay. rr. com E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Nicole Puente 5 at (813) 846-5692 (Area Code & Daytime Telephone Number	•		
(Name of Contact Person) (Area Code & Daytime Telephone Number	r)		
Enclosed is a check for the following amount made payable to the Florida Department of State:			
\$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee Certified Copy (Additional copy is Enclosed)			
Mailing Address Street Address			
Amendment Section Amendment Section Division of Corporations Division of Corporations	Amendment Section		

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

1	Articles of Incorporation of	13 APR 10
Bridge of Hope (Name of Corporation as currently file	Center INC.	SECRETARY OF ST
N10000001012	/	TOOLE, FLOR
Pursuant to the provisions of section 617.1006, amendment(s) to its Articles of Incorporation:	•	fit Corporation adopts the following
A. If amending name, enter the new name of	the corporation:	
name must be distinguishable and contain the w "Company" or "Co." may not be used in the n		The new the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if app (Principal office address <u>MUST BE A STREE</u>		Columbus FL 33602
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)		as above
D. If amending the registered agent and/or r new registered agent and/or the new regis		the name of the
<u> </u>	109 w Frances	3+

New Registered Office Address:

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

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 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	PT Jo	hn Doe	
X Remove	<u>v</u> <u>M</u>	ike Jones	
X Add	<u>SV</u> <u>Sa</u>	ılly Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	<u> P</u>	Patrick Puente	5 409 W. Frances of
X Add			5 409 W. Frances 5 Tampa, FL 33602
Remove			···
2) Change Add	<u>V</u>	Manuel Alvare	2 212 N. Gome 2 Yanpa FL 33609
Remove 3) Change Add	5	Nicole Puentes	409 W. France 54 Harpart 33602
Remove 4) Change Add	T	Jose Cruz	Odessa, FL. 33556
Remove 5) Change Add	D	Adores Alvarez	7520 N CLARK AV TAMIA, FL 33614
✓ Remove6) Change	<u>D</u>	JOYCE ALVAREZ	7520 N CLARK AV
Add			TAMPA, FC 33L14
× Remove			

Bridge of Hope Center, Inc. For Year-end Tax Preparation

Document Number: N10000007012

Type of Action	Ţ	itle	Name	Address
Remove	D	Mar	ia Ramirez	7520 N Clarke Av
				Tampa, FL 33614

h additional sheets, if necessar,	y). (Be specific)			
N/A				
	· · · · · · · · · · · · · · · · · · ·			
				
	- 	 -		
mendment provides for an e	vchanga raclassifi	ination or cance	liation of issuad s	horas
isions for implementing the a	mendment if not c	ontained in the	amendment itself:	ilai cs.
if not applicable. indicate N/A)		·	•
~/^				
				
				
			· · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s) ac	doption:
Effective date if applicable:	2/25/13
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) officient for approval.
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast	for the amendment(s) was/were sufficient for approval
by	, r
	(voting group)
action was not required. The amendment(s) was/were ado action was not required.	opted by the incorporators without shareholder action and shareholder
Dated	
Signature	
	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court
	ted figuresiary by that fiduciary)
	Patrick Prentes
	(Typed or printed name of person signing)
	President
	(Title of person signing)