# N10000007595

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**C.COULLIETTE** 

SEP 1 3 2011

**EXAMINER** 

#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: REFLECTION	NZ OF HOPE INC	
DOCUMENT NUM	BER: N10000007595		
The enclosed Articles	s of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
		EN DORAN	
	(Name o	f Contact Person)	•
	REFLECTION	ONZ OF HOPE INC	
	(Firm	n/ Company)	
	700 SW 781	TH AVE SUITE 113	
_	(	Address)	
	PLANTA	TION FL 33324	ri e ses
<del></del>	(City/ Sta	ate and Zip Code)	
	HELEN.DORAN@RE	FLECTIONZOFHOPE.CO	DM
		ed for future annual report notif	
For further informatio	n concerning this matter, pleas	e call:	
HELEN DORAN		at ( 954 ) 678-8	199
(Name	of Contact Person)		time Telephone Number)
Enclosed is a check fo	or the following amount made p	payable to the Florida Departme	ent of State:
<b>∑</b> \$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)
Amen Divisi P.O. B	ng Address dment Section on of Corporations ox 6327 assee, FL 32314	Street Address Amendment Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	tions ter Circle

### **Articles of Amendment** to **Articles of Incorporation**

#### REFLECTIONZ OF HOPE INC.

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

#### N000007595

(Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006, F the following amendment(s) to its Articles of Income	lorida Statutes orporation:	, this <i>Florida Not For Pi</i>	ofit Corporation ad
A. If amending name, enter the new name of t	<u>he corporatio</u>	<u>n:</u>	
The new name must be distinguishable and con abbreviation "Corp." or "Inc." "Company" or			orporated" or the
B. Enter new principal office address, if applic	able:	700 SW 78TH AVE	SUITE 113
(Principal office address MUST BE A STREET	ET ADDRESS )	PLANTATION FL 3	3324
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE		2837 SW 3RD CT	
	•	FT LAUDERDALE F	L 33312
D. If amending the registered agent and/or reg new registered agent and/or the new register			er the name of the
Name of New Registered Agent:			_
	700 SW 78	8 AVE, SUITE 113	
New Registered Office Address:	(Flori	da street address)	<del>-</del> . ,
	PLA	ANTATION	, Florida 33324
		(City)	(Zip Code)
Man, D 2-4 I 4 41 - C2 4 16 - 1	B 14 14		

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)

Title	<u>Name</u>	Address	Type of Action
VC	JANETTE OSBORNE	5048 LANTANA RD #5201 LAKE WORTH FL 33463	
<u>vc</u>	AILEEN HERNANDEZ	6710 W SAMPLE RD CORAL SPRINGS FL 33067	
<u> </u>			□ Add □ Remove
E. If amend (attach ad	ding or adding additional Articles, end dditional sheets, if necessary). (Be sp	ter change(s) here: ecific)	
		·	***
			·

The date of each amendment(s) adoption: 07-05-2011			
Effective date <u>if applicable</u> :	(date of adoption is required)		
,	(no more than 90 days after amendment file date)		
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/we was/were sufficient for app	ere adopted by the members and the number of votes cast for the amendment(s) proval.		
There are no members or adopted by the board of di	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.		
Dated_07-(	05-2011		
Signature _			
(By	the chairman or vice chairman of the board, president or other officer-if directly to not been selected, by an incorporator – if in the hands of a receiver, trusted er court appointed fiduciary by that fiduciary)		
	HELEN DORAN		
	(Typed or printed name of person signing)		
	EX DIRECTOR / PRESIDENT		
	(Title of person cigning)		

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