

N110000001570

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MAIL

(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend

TBROWN

11-29-11

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Family Hope Guatemala, Inc.

DOCUMENT NUMBER: N11000001570

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mary Scriber

(Name of Contact Person)

Robert Scriber and Stewart PA

(Firm/ Company)

307 NE 36th Ave,

(Address)

Ocala, FL 34470

(City/ State and Zip Code)

mary@rsscpa.com

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

For further information concerning this matter, please call:

Mary Scriber

(Name of Contact Person)

at (352) 694-4184

(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

ROBSON
SCRIBNER &
STEWART, P.A.
CERTIFIED PUBLIC ACCOUNTANTS

November 21, 2011

Dennis J. Robson, Retired
Mary C. Scribner, CPA
Suzanne Stewart, CPA

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Changes to Articles of Amendment

Dear Sir/Madam:

We are in receipt of your letter dated November 17, 2011, along with the original "Articles of Amendment", which was previously submitted to your office.

We have made the appropriate changes as follows:

Page 1, Item D:

Name of Firm incorrectly spelled. Correct spelling:

Robson, Scribner & Stewart, PA

Page 2, Item 4:

Name of Director incorrectly spelled. Correct spelling:

Mary Scribner

We believe that you will be able to complete the execution of the form once the above-mentioned changes have been made.

If you need additional information or have further questions, please feel free to contact me at (352) 694-4184.

Sincerely,

Mary C. Scribner, CPA

Mary C. Scribner
Certified Public Accountant

MCS/dm

Enclosures



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 17, 2011

MARY SCRIBER
ROBERT SCRIBER AND STEWART PA
307 NE 36TH AVE
OCALA, FL 34470

SUBJECT: FAMILY HOPE GUATEMALA, INC.
Ref. Number: N11000001570

We have received your document for FAMILY HOPE GUATEMALA, 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 registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document accordingly.

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) 245-6925.

Teresa Brown
Regulatory Specialist II

Letter Number: 511A00026093

Articles of Amendment
to
Articles of Incorporation
of

Family Hope Guatemala, Inc.

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

N11000001570

(Document Number of Corporation (if known))

FILED
2011 NOV 28 AM 8:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

n/a

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**)

307 NE 36th Ave.

Ocala, FL 34470

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

307 NE 36th Ave

Ocala, FL 34470

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:

~~Robert Scriber and Stewart, PA~~

Robson, Scribner
and Stewart, P.A.

307 NE 36th Ave.

New Registered Office Address:

(Florida street address)

Ocala

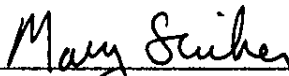
(City)

Florida 34470

(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, please list all officers/directors of the corporation as you now want the record to be. Please indicate the title(s), name and address for each officer/director.

(Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them on an additional sheet.)

<u>Title(s)</u>	<u>Name</u>	<u>Address</u>
1) <u>Director</u>	<u>Carlos Eduardo Arzu</u>	<u>680 Emily St.</u> <u>North Liberty, IA 52317</u>
2) <u>Director</u>	<u>Rosa Eugenia Arzu</u>	<u>1900 Ocean Blvd</u> <u>Long Beach, CA 90802</u>
3) <u>Director</u>	<u>Jose Victor Roman Anleu</u>	<u>876 2nd Ave.</u> <u>Redwood City, CA 95063</u>
4) <u>Director</u>	<u>Mary Scribner</u> <u>Mary Scriber</u>	<u>307 NE 36th Ave</u> <u>Ocala, FL 34470</u>
5) _____	_____	_____
6) _____	_____	_____

If REMOVING an officer and/or director, please list the title(s) and name of the officer/director to be removed:

<u>Title(s)</u>	<u>Name</u>	<u>Title(s)</u>	<u>Name</u>
1) <u>Director</u>	<u>Shannon Fanourakis</u>	4) <u>Director</u>	<u>Ralph Chatterson</u>
2) <u>Director</u>	<u>Megan Hart</u>	5) _____	_____
3) <u>Director</u>	<u>Krista Klaehn</u>	6) _____	_____

[illegible]

The date of each amendment(s) adoption: November 7, 2011

(date of adoption- 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 November 7, 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)

Ralph Chatterson

(Typed or printed name of person signing)

Director

(Title of person signing)