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| PICK-UP WAIT MAIL | | | |
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| Certified Copies Certificates of Status | | | |
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| Special Instructions to Filing Officer: | | | |
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FEB 2 1 2012 T. ROBERTS

COVER LETTER

TO: Amendment Section Division of Corporations

| , , | | |
|--|--|--|
| NAME OF CORPORATION: Hepzibah H | House, Inc | - |
| DOCUMENT NUMBER: N110000063 | | |
| The enclosed Articles of Amendment and fee are submitt | ed for filing. | |
| Please return all correspondence concerning this matter to | the following: | |
| Mary Rebecca Dymond | | |
| | ame of Contact Person |) |
| Hepzibah House, Inc. | | |
| | (Firm/ Company) | |
| 8531 Sun Up Trail | | |
| | (Address) | |
| Boynton Beach, FL 33436 | | |
| (Ci | ty/ State and Zip Code |) |
| rhdymond@gmail.d | | |
| E-mail address: (to be used for | _ | otification) |
| For further information concerning this matter, please call | | |
| Rebecca Dymond | _{at} 561 | <u>386.0031</u> |
| (Name of Contact Person) | (Area Co | de & Daytime Telephone Number) |
| Enclosed is a check for the following amount made payab | le to the Florida Depa | rtment of State: |
| (| 643.75 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 Tallaharsaa, FL 32314 | Amend Divisio Clifton | Address ment Section n of Corporations Building |

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Hepzibah House, Inc.

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

N11000006349

(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:

| N/A | | | | The |
|---|---|--|---------------------|------------------------|
| name must be distinguishable and co | | ration" or "incorporate | d" or the abbre | eviation "Corp." or "I |
| "Company" or "Co," may not be use | ed in the name. | A 1 / A | | |
| 3. Enter new principal office addre | ess. if applicable: | N/A | | |
| Principal office address <u>MUST BE</u> | A STREET ADDRES. | (Z) | | - |
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| | | | | |
| Enter new mailing address, if a (Mailing address MAY BE A PO | | N/A | | |
| (maning address MAT BE A FO | SI OFFICE BOX | <u></u> | | |
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|). If amending the registered agen | t and/or registered of | ffice address in Florida | , enter the nan | ne of the |
| D. If amending the registered agen new registered agent and/or the | | | , enter the nan | ne of the |
| new registered agent and/or the | new registered office | | , enter the nan | ne of the |
| | new registered office | | , enter the nan | ne of the |
| new registered agent and/or the | new registered office | e address: | , enter the nan | ne of the |
| new registered agent and/or the Name of New Registered Age | new registered office | | , enter the nan | ne of the |
| new registered agent and/or the Name of New Registered Age | new registered office ent: | e address: | | |
| new registered agent and/or the Name of New Registered Age | new registered office N/A N/A | e address: (Florida street address) | | |
| new registered agent and/or the Name of New Registered Age | new registered office ent: | e address: (Florida street address) | | ne of the N/A Code) |
| new registered agent and/or the Name of New Registered Age New Registered Office Address: | new registered office N/A N/A (Cit | (Florida street address) | | |
| | new registered office N/A N/A (City if changing Registered | (Florida street address) (y) ed Agent: | , Florida (Zip C | N/A Code) |

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 | <u>PT</u> | John D | o <u>e</u> | |
|-------------------------------|--------------|----------|------------------|--|
| X Remove | <u>v</u> | Mike J | ones | |
| X Add | <u>\$V</u> | Sally S | <u>mith</u> | |
| Type of Action (Check One) | <u>Title</u> | | Name | <u>Addres</u> s |
| 1) Change | DIRECTO | <u>R</u> | ASHLEY RYAN BOYD | 1450 PASLAY PLACE LANTANA, FL 33462 |
| 2) Change Add Remove | | _ | | |
| 3) Change Add Remove | <u></u> | _ | | |
| 4) Change Add Remove | | · | | |
| 5) Change Add Remove | | naya. | | |
| 6) Change Add Remove | | _ | | |

| E. If amending or adding additional A (attach additional sheets, if necessary, |). (Be specific) | ige(5) licke. | | |
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| N/A | ,. (Le operation | | | |
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| The | e date of each amendmen | (s) adoption: N/A | |
|-----|--|--------------------------------|---|
| | ective date <u>if applicable</u> : | N/A | |
| | | (no more than 90 days a | ifter amendment file date) |
| Ado | option of Amendment(s) | (<u>CHECK ONE</u>) | |
| | The amendment(s) was/v was/were sufficient for a | | number of votes cast for the amendment(s) |
| | There are no members or adopted by the board of | | ndment(s). The amendment(s) was/were |
| | Dated FE | BRUARY 16, 2012 | |
| | Signature | Vom Repeces | Duyons |
| | (By the | | pard, president or other officer-if directors if in the hands of a receiver, trustee, or aciary) |
| | MARY | REBECCA DYMO | DND |
| | DE01 | (Typed or printed name of pers | son signing) |
| | REGI | STERED AGENT | 1100 |
| | | (Title of person signing) | / |