N11000006673

| (Requestor's Name) | 3 (3-13-0) |
|---|------------|
| (Address) | |
| (Address) | |
| (City/State/Zip/Phone # | () |
| PICK-UP WAIT | MAIL |
| (Business Entity Name |) |
| (Document Number) | |
| Certified Copies Certificates o | f Status |
| Special Instructions to Filing Officer: | |
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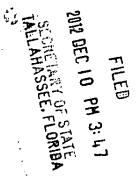
Office Use Only



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amend

12/10/12--01021--001 **43.75



12/11/12

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: Gathering | Hope Fou | ndation, Inc |
|--|---|--|
| DOCUMENT NUMBER: N11000006 | | |
| The enclosed Articles of Amendment and fee are subm | | |
| Please return all correspondence concerning this matter | to the following: | |
| Brenda Moody | | |
| | Name of Contact Person | 1) |
| Gathering Hope Foundat | ion, Inc | |
| | (Firm/ Company) | |
| PO Box 2841 | | |
| | (Address) | |
| Winter Park, FL 32790 | | |
| (| City/ State and Zip Cod | e) |
| board@gatheringh | nopefounda | ation.org |
| E-mail address: (to be used | | |
| For further information concerning this matter, please c | all: | |
| Brenda Moody | ₃₁ ,321 | 228-6208 Dede & Daytime Telephone Number) |
| (Name of Contact Person) | (Area Co | ode & Daytime Telephone Number) |
| Enclosed is a check for the following amount made pay | able to the Florida Depa | ertment of State: |
| ☐ \$35 Filing Fee ☐\$43.75 Filing Fee & E 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 | Amend Divisio Clifton 2661 E | Address ment Section n of Corporations Building xecutive Center Circle |

Articles of Amendment **Articles of Incorporation**

"FILED 2012 DEC 10 PM 3: 47

Gathering Hope Foundation, Inc

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

N11000006673

SECHETARY OF STATE
TALLAHASSEE, FLORIBA

(Document Number of Corporation (if known)

| Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation: |
|--|
| A. If amending name, enter the new name of the corporation: |
| |
| "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: |
| New Registered Office Address: |
| (City), Florida (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 |

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: XChange X Remove X Add | V Mik | n <u>Doe</u> le Jones ly Smith | |
|---------------------------------|--------------|--------------------------------------|-------------------|
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| 1) Change | D | Dawn Payment | 4731 Dunbarton |
| Add | | | Orlando, FL 32817 |
| X Remove | | | |
| 2) Change | S | Nancy McLean | 8847 Sky Vista Ct |
| Add | | | Orlando, FL 32818 |
| X Remove | | | |
| 3) Change | <u>S</u> | David Moody | 4325 Iveyglen Ave |
| X Add | | | Orlando, FL 32826 |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| | es, enter change(s) Be specific) | | |
|-------------|-------------------------------------|--------------|--|
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| | NA | | |
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| The date of each amendment | (s) adoption: November 20, 2012 |
|--|--|
| Effective date if applicable: | December 1, 2012 |
| | (no more than 90 days after amendment file date) |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) |
| The amendment(s) was/we was/were sufficient for ap | 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 d | members entitled to vote on the amendment(s). The amendment(s) was/were directors. |
| Signature | chairman or vice chairman of the board, president or other officer-if directors |
| have n | ot been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary) |
| Brenda | Moody |
| | (Typed or printed name of person signing) |
| Chairpe | erson/Director/Board Member |
| | (Title of person signing) |