N1100006731

| (Requestor's Name) | |
|--|---------------------------|
| (Address) | 000316001170 |
| (Address) | |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAIL | |
| (Business Entity Name) | 07/28/1801U99029 (**52.5d |
| (Document Number) Certified Copies Certificates of Status | |
| | S TALLENT |
| Special Instructions to Filing Officer: | JUL 2 6 2018 23 F |
| | 23 Pt 2: 53 |
| | |

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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION | HOPE ACROSS THE | E GLOBE | | |
|-------------------------------|--|--|--------------------|--|
| • | N11000006731 | | " | |
| DOCUMENT NUMBER: | | | | |
| The enclosed Articles of Am | nendment and fee are subm | itted for filing. | | |
| Please return all corresponde | ence concerning this matter | to the following: | | |
| Wendy Kelly | | | | |
| | | Name of Contact Pe | erson) | |
| HOPE ACROSS THE GLO | ВЕ | | | |
| | | (Firm/ Company | ·) | |
| P.O. Box 551395 | | | | |
| | | (Address) | | |
| Jacksonville, FL 32255 | | | | |
| | (| (City/ State and Zip | Code) | |
| Kelly.wendy@aol.com | | | | |
| E | -mail address: (to be used | for future annual rep | ort notification | 1) |
| For further information conc | erning this matter, please of | call: | | |
| Wendy Kelly | | at | 563 | 650-2158 |
| | (Name of Contact Person) | | (Area Code) | (Daytime Telephone Number) |
| Enclosed is a check for the f | ollowing amount made pay | vable to the Florida I | Department of | State: |
| ☐ \$35 Filing Fee | ☐\$43.75 Filing Fee & I Certificate of Status | ☐\$43.75 Filing Fee Certified Copy (Additional copy i enclosed) | Certif s Certif | O Filing Fee icate of Status ied Copy tional Copy is used) |
| N# - 111 A | | C. | | |

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

Articles of Amendment to Articles of Incorporation of

| (Name of Corporation as curre | Glabe INC. | ent of State) |
|---|---|-------------------------------------|
| | 1 | proprosate |
| N1100000 | | |
| (Document Num | nber of Corporation (if known) | |
| Pursuant to the provisions of section 617.1006, Florida Statumendment(s) to its Articles of Incorporation: | | it Corporation adopts the following |
| A. If amending name, enter the new name of the corpors | <u>ation:</u> | |
| | | The new |
| name must be distinguishable and contain the word "corpor "Company" or "Co," may not be used in the name. B. Enter new principal office address, if applicable: | anon or incorporated or i | ne abbreviation Corp. or Inc. |
| Principal office address MUST BE A STREET ADDRESS | (2 | |
| | <u></u> | |
| | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | P.O. Box 551395 | 23 |
| | Jacksonville, FL 32255 | |
| | | <u> </u> |
| D. If amending the registered agent and/or registered of | fice addr e ss in Florida, enter | the name of the |
| new registered agent and/or the new registered office | | . |
| Name of New Registered Agent: | <u>.</u> | |
| | | |
| New Registered Office Address: | (Florida si | ireei (uldress) |
| | | Florida |
| | (City) | (Zip Code) |
| New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am j | d Agent: familiar with and accept the ob- | oligations of the position. |
| , ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; | • | • |
| | Signature of New Registered A | Agent, if changing |

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 X Remove X Add | <u>V</u> <u>M</u> | hn Doe ike Jones Illy Smith | |
|----------------------------------|-------------------|-----------------------------------|------------------------------|
| Type of Action (Check One) | Title | <u>Name</u> | · <u>Addres</u> s |
| I) Change | D | Ivan Guerrero | 6817 SouthPoint Pkwy Ste 802 |
| Add | | | Jacksonville, FL 32216 |
| X Remove | | | |
| 2) Change | D | Pablo Pella | 6817 SouthPoint Pkwy Ste 802 |
| Add | | | Jacksonville, FL 32216 |
| X Remove | | | |
| 3) Change | D | John Wilburth | 6817 SouthPoint Pkwy Ste 802 |
| Add | | | Jacksonville, FL 32216 |
| X Remove | | | |
| 4) Change | p | Sheila Pace | 6817 SouthPoint Pkwy Ste 802 |
| Add | | | Jacksonville, FL 32216 |
| X Remove | | | |
| 5) Change | VP | L. Rochelle Wheeler | 6817 SouthPoint Pkwy Ste 802 |
| Add | | | Jacksonville, FL 32216 |
| X Remove | | | |
| 6) Change | D | Jose Mesones | 6817 SouthPoint Pkwy Ste 802 |
| X Add | | | Jacksonville, FL 32216 |
| Remove | | | |

| X ADD | CEO | Wendy Kelly | 6817 SouthPoint Pkwy Jacksonville, FL 32216 |
|---------|-----|-------------|--|
| · X ADD | D | Robert Wing | 6817 SouthPoint Pkwy Jacksonville, FL 32216 |
| X ADD | D | Juan Amado | 6817 SouthPoint Pkwy Jacksonville, FL 32216 |

| attach additiona | adding additional A Il sheets, if necessary |). (Be specific | <i>າ</i> ງ | | | | |
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| The date of each amendment(s) adoption: | , if other than the |
|---|---------------------------|
| date this document was signed. | |
| Fully 2018 Effective date if applicable: | |
| (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date vidocument's effective date on the Department of State's records. | will not be listed as the |
| Adoption of Amendment(s) (CHECK ONE) | |
| The amendment(s) was/were adopted by the members and the number of votes cast for the amendment was/were sufficient for approval. | (s) |
| 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 15 July 2018 | |
| Signature Why X Kell | |
| (By the chairman or fice chairman of the board, president or other officer-if director have not been selected, by an incorporator—if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) | |
| Wendy Kelly | |
| (Typed or printed name of person signing) | - |
| Chief Executive Officer | |
| (Title of person signing) | • |