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COVER LETTER

TO: Amendment Section Division of Corporations		1 .	. ,	2018
NAME OF CORPORATION:	oc Foundation Corp			2018 NOV 1 16
DOCUMENT NUMBER:				PH NB BU
The enclosed Articles of Amendment and fee are	submitted for filing.			6.9 6.9
Please return all correspondence concerning this n	natter to the following	:		
Timothy J. Keegan				
	(Name of Contac	t Person)		
	(Firm/ Comp	eany)		
2335 S. Ocean Blvd.				
	(Address)		
Palm Beach, Ft. 33480				
	(City/ State and Z	Cip Code)		
timothy.j.keegan@gmail.com				
E-mail address: (to be	used for future annual	report notification	on)	
For further information concerning this matter, ple	ease call:			
Timothy J. Keegan		305 · 9	87.7700 menn	
(Name of Contact Per	rson)		(Daytime Telephone	e Number)
Enclosed is a check for the following amount mad	e payable to the Flori	da Department of	State:	
S35 Filing Fee	Certified Copy (Additional copenclosed)	Certi oy is Certi (Add	50 Filing Fee ficate of Status fied Copy litional Copy is losed)	
Mailing Address Amendment Section		Street Address Amendment Sec	•	
Division of Corporations		Division of Corp	oorations	
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive		

Tallahassee, FL 32301

Articles of Amendment

to Articles of Incorporation

of

Coalition of Hope Foundation Corp		
(Name of Corporation as curren	tly filed with the Florida Dept, of State)	<u>0</u>
N11000007286		· ·
(Document Numb	er of Corporation (if known)	**************************************
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this <i>Florida Not For Profit Corporation</i> adop	ots the following
A. If amending name, enter the new name of the corporati	ion:	
Coalition of Hope Disaster Response Operations, Inc.		The new
name must be distinguishable and contain the word "corporat" "Company" or "Co." may not be used in the name.	tion" or "incorporated" or the abbreviation "Co	
B. Enter new principal office address, if applicable:	N/A	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
D. If amending the registered agent and/or registered officenew registered agent and/or the new registered office a		
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
	, Florida	
	(City) (Zip Coa	le)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am far	Agent: niliar with and accept the obligations of the post	tion.
~/ <i>P</i>		
Si	gnature of New Registered Ayent, 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.

	hange .emove	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
	of Action ck One)	<u>Title</u>	<u>Name</u>	Address
1) _	Change			
_	Add			
	Remove			
2) _	Change			
_	Add			
	Remove			
3)_	Change			<u> </u>
_	Add			
_	Remove			
4) _	Change			
_	Add			
	Remove			
5) _	Change		_	
	Add			
	Remove			
6)	Change		_	
_	Add			44.4
	Remove			

If amending or adding additional At (attach additional sheets, if necessary)	. (Be specific)				
-					
					
					
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				· · · · · · · · · · · · · · · · · · ·	
					
		· · -			
					
				***	·
					

	date of each amendment(s) adoption: this document was signed.	, if other than the
	ctive date <u>if applicable</u> : (no more than 90 days after amendment file date)	
	(no more than 90 days after amenament fite aute)	
	2: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ment's effective date on the Department of State's records.	e listed as the
Adoj	ption of Amendment(s) (<u>CHECK ONE</u>)	
	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 12 NOVEMBER 2018	
	Signature Challenge Challenge Control of the contro	_
	(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 tiduciary by that fiduciary)	
	Timothy J. Keegan	
	(Typed or printed name of person signing)	
	CEO & President	
	(Title of person signing)	