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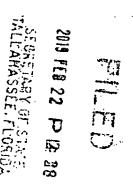
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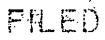
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATI	Hope Connection Mi ON:				
	N11000010424				
DOCUMENT NUMBER:				<u> </u>	
The enclosed Articles of An	nendment and fee are sub	nitted for filing.			
Please return all correspond	ence concerning this matte	er to the following	ī:		
Pedro A. Soto					
		(Name of Contac	t Person)	
		(Firm/ Comp	pany)		
13449 SW 112th Place					
		(Address	;)		
Dunnellon, FL 34432					
-		(City/ State and Z	Zip Code)	
pasoto2003@yahoo.com					
I	-mail address: (to be used	for future annual	report n	otification	1)
For further information cond	cerning this matter, please	call:			
Pedro A. Soto					804-6586
	(Name of Contact Person))	(Are	a Code)	(Daytime Telephone Number)
Enclosed is a check for the f	following amount made pa	yable to the Flori	da Depar	tment of S	State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing In Certified Copy (Additional cope enclosed)		Certifi Certifi	D Filing Fee cate of Status ed Copy tional Copy is sed)
Mailing Address			Street A	Address	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



Hope Connection Ministries Corp.			2019 FER 22 P 12 78
(Name of Corporation	as curren	tly filed with the	
N11000010424			SECRETARY OF STATE
(Docur	nent Numb	er of Corporation (
Pursuant to the provisions of section 617.1006, Floamendment(s) to its Articles of Incorporation:	rida Statute	es, this <i>Florida No</i>	For Profit Corporation adopts the following
A. If amending name, enter the new name of the	<u>e corporati</u>	on:	
			The new
name must he distinguishable and contain the word "Company" or "Co." may not he used in the nam		tion" or "incorpor	ated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applica	ble:	2201 SW College	Rd., Suite13
(Principal office address <u>MUST BE A STREET A</u>		Ocala. FL 34471	•
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX</u>)		<u> </u>
D. If amending the registered agent and/or regis	stered offic	e address in Flori	ida, enter the name of the
new registered agent and/or the new register			
Name of New Registered Agent: Rossy Pacheco		heco	
	5211 W. C	Cardamon Place	
New Registered Office Address:			(Florida street address)
	Lecanto		. Florida 34461
		(City)	(Zip Code)
New Registered Agent's Signature, if changing I			and the second to the
I hereby accept the appointment as registered agen	t. I am fan	nitiar with and acc	rept the obligations of the position.
_		Masy 1.	3 far
_	Si	gnature of New Re	gistered 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>PT</u> <u>V</u> <u>SV</u>	John Do Mike Jo Sally Sr	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
l) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add		_		
Remove				
5) Change				
Add		_		
Remove				
6) Change		_		
Add				
Remove				

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)
Change Article III by:
Educate, Train, Certify, and Accredit member, Leaders and Minister from different Christian Denominations.
Offering a Professional Chaplaincy Education, Professional Education Children's Leadership. Biblical Education for Children's
Professional Education of Family Integration, Professional Education in Music and Arts. Establish Ministerial and
Spiritual coverage for churches and ministries within and outside the United State.

The date of each amendment(s) late this document was signed.	adoption:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this locument's effective date on the l	plock does not meet the applicable statutory filing requirements, this date will not Department of State's records.	be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were was/were sufficient for appro	adopted by the members and the number of votes cast for the amendment(s) aval.	
There are no members or me adopted by the board of dire	mbers entitled to vote on the amendment(s). The amendment(s) was/were ectors.	
January I Dated	5, 2019	
Signature	Manual -	<u></u>
have not	airman for vice chairman of the board, president or other officer-if directors seen selected, by an incorporator – if in the hands of a receiver, trustee, or reappointed fiduciary by that fiduciary)	
Daniel	Salguero	
	(Typed or printed name of person signing)	
Preside	ent	
	(Title of person signing)	