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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Hgape Green Acres, Inc				
DOCUMENT NUMBER: <u>\(\lambda\) 1 0 0 0 1 7 1 1 1 1 1 1 1 1</u>				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Earlene Green (Name of Contact Person)				
Agape Green Acres, Inc.				
1831 SW CR 158				
(Address)				
Jasper, FL 32052-3915 (City/ State and Zip Code)				
(City/ State and Zip Code)				
Email address: (to be used for future a) nual report notification)				
For further information concerning this matter, please call:				
Earlene Green at (267) 779-4845 (Name of Contact Person) (Area Code) (Daytime Telephone Number)				
Enclosed is a check for the following amount made payable to the Florida Department of State: ### 1535 Filling Fee ### 1543.75 Filling Fee & ### 1552.50 Filling Fee & Certificate of Status Certified Copy Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is Enclosed)				

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 32314 Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

10

Articles of Incorporation

of

Hape Green Acres	Inc
(Name of Corporation as currently filed with the	Florida Dept. of State)
N 11000017171	
(Document Number of Corporation	(if known)
cursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida No</i> mendment(s) to its Articles of Incorporation:	nt For Profit Corporation adopts the following
1. If amending name, enter the new name of the corporation:	
Agape Green Acres Minis ume must be distinguishable and contain the word "corporation" or "incorpo	try Inc. The new
ame must be distinguishable and contain the word "corporation" or "incorpo Company" or "Co." may not be used in the name.	rated or the abbreviation "Corp." or "Inc."
Enter new principal office address, if applicable:	
Principal office address <u>MUST BE A STREET ADDRESS</u>)	
. Enter new mailing address, if applicable:	## F
(Mailing address MAY BE A POST OFFICE BOX)	
	
 If amending the registered agent and/or registered office address in Flor new registered agent and/or the new registered office address: 	rida, enter the name of the
Name of New Registered Agent:	
	(Floridy street address)
New Registered Office Address:	[Pioriau xu сес ааагех)
	, Florida
(City)	(Zip Code)
iew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and ac	rcept the obligations of the position.
Company of the control of the contro	egistered 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		Due e Jones v Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) X Change Add	<u>T</u>	Jared Lee Taylor	346 Duvier Place May wood, NJ 0760
Remove 2) Change Add	_D;S	Earlene Green	
Remove 3) Change Add			
Remove 4) Change Add			
Remove 51 Change Add			
Remove			
Add Remove			

E. If amending or adding additional Articles, enter change(s) here:				
(attach additional sheets, if necessary). (Be specific)				
N/A				
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The date of each amendment(s) acd date this document was signed.	laption: 1-06-20/8	, if other than the
Effective date if applicable:	1-06-20/8 Ino more than 90 days after amendment file a	late)
Note: If the date inserted in this blo document's effective date on the De	ck does not meet the applicable statutory filing requipartment of State's records.	irements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ac was/were sufficient for approve	dopted by the members and the number of votes east al.	for the amendment(s)
There are no members or members adopted by the board of direct	pers entitled to vote on the amendment(s). The amendrs,	idment(s) was/were
Dated/	-12-2018	
Signature	Earlese Green	
(By the chair have not be	man or vice chairman of the board, president or other on selected, by an incorporator – if in the hands of a appointed fiduciary by that fiduciary)	
	Earleue Green	
<i>†</i>	(Typed or printed name of person sig	ning)
<u> </u>	(Title of person signing)	72.1.1