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COVER LETTER

TO: Amendment Section **Division of Corporations**

A Door of Hop NAME OF CORPORATION:	pe, Inc.
N11000011257	
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee ar	re submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Jenne Aguirre	
	(Name of Contact Person)
A Door of Hope, Inc.	
	(Firm/ Company)
525 14th Ave South	
	(Address)
Safety Harbor, FL 34695	
	(City/ State and Zip Code)
HR@adoorothope.com	
E-mail address: (to b	e used for future annual report notification)
For further information concerning this matter,	please call:
Jenne Aguirre	813 394-1480
(Name of Contact F	
Enclosed is a check for the following amount m	ade payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Fe Certificate of St	
Mailing Address	Street Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

2075 A 311 PM 3: 53 A Door of Hope, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co," may not be used in the name. 525 14th Ave South B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Safety Harbor, FL 34695 C. Enter new mailing address, if applicable: P.O. Box 3164 (Mailing address MAY BE A POST OFFICE BOX) Pinellas Park, FL 33780 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: Jason Ellison Name of New Registered Agent: 150 2nd Ave. North Suite1770 (Florida street address) New Registered Office Address: St Petersburg _, Florida ______ (Zip Code) (City) 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

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	PT John Do V Mike Jo SV Sally Sr	nes enes	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add	<u>D</u>	Marisa Johns	2840 46th Ave North St. Petersburg, FL 33714
X 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 addin (attach additional shee		cles, enter change(s) here: (Be specific)	
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The date of each amendment(s) adoption: date this document was signed.		, if other than the
Effective date if applicable: (no	o more than 90 days after amendment file date)	
Note: If the date inserted in this block does r document's effective date on the Department	not meet the applicable statutory filing requirements, this date will not boof State's records.	e listed as the
Adoption of Amendment(s)	CHECK ONE)	
☐ The amendment(s) was/were adopted by was/were sufficient for approval.	the members and the number of votes cast for the amendment(s)	

Signature	/s Jason M. Ellison
	(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 fiduciary by that fiduciary)
	Jason Ellison
	(Typed or printed name of person signing)