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C. LEWIS AUG 2 9 2013 EXAMINER

## **COVER LETTER**

TO: Amendment Section Division of Corporations		
NAME OF CORPORATION: HOPE Ta	bernacle M	inistries, Inc.
DOCUMENT NUMBER: N1200005	852	
The enclosed Articles of Amendment and fee are sub-	nitted for filing.	
Please return all correspondence concerning this matte	er to the following:	
Dr. CE Hill		
	(Name of Contact Person	)
<b>HOPE Tabernacle Minist</b>	tries, Inc.	
	(Firm/ Company)	
1478 Riverplace Blvd, 20	002	
	(Address)	
Jacksonville, FL 32207		
	(City/ State and Zip Code	·)
hope_hopeministi	ry@msn.coi	n
E-mail address: (to be used	for future annual report i	notification)
For further information concerning this matter, please	call:	
Dr. CE Hill	<sub>at</sub> 904	, 207-4977
(Name of Contact Person)	(Area Co	ode & Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida Depa	rtment of State:
□ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address		Address
Amendment Section Division of Corporations P.O. Box 6327	Divisio	ment Section n of Corporations Building

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



13 AUG 29 AM 8: 08

HOPE Tabrnacie Ministri	es, inc.		· · · · · · · · · · · · · · · · · · ·
(Name of Corporation as currently filed with the Florida Dept. of State)		TALL AFFICE FLORIDA	
N12000005852			1) Control of
(Docur	ment Number of Corp	ooration (if known)	
ursuant to the provisions of section 617.10 mendment(s) to its Articles of Incorporation		this Florida Not For Pr	ofit Corporation adopts the follow
. If amending name, enter the new nam	ne of the corporation	<u>ı:</u>	
N/A			The
name must be distinguishable and contain t		n" or "incorporated" o	
Company" or "Co." may not be used in t		N/A	
B. Enter new principal office address, if	applicable:	N/A	
Principal office address <u>MUST BE A STI</u>	<u>KEET ADDKESS</u> )		
	_		
C. Enter new mailing address, if applica		N/A	
(Mailing address MAY BE A POST Of	FFICE BOX)	. 4,7	<del> </del>
	_		
D. If amending the registered agent and			er the name of the
new registered agent and/or the new		<u>iress:</u>	
Name of New Registered Agent:	N/A		
-	(F	lorida street address)	
New Registered Office Address:			
			, Florida
	(City)		(Zip Code)
New Registered Agent's Signature, if cha	anging Registered A	gent:	
hereby accept the appointment as register			obligations of the position.
	Signature of New Ri	evistered Avent, if chans	

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 Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) 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)
Article VI, paragraph 5 IRS Recitals add: Upon the dissolution of the organization, assets shall be distributed fro one or more exempt
purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax
code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such
assets not disposed of shall be disposed of by a court of competent jurisdiction in the county in which the principle
office of the organization is then located, exclusively for such purposes or to such organizations or
organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

	date of each amendment(s) ad this document was signed.	option: <u>August 20, 2613</u>	APPROVID, if other than the
Effe	ctive date <u>if applicable</u> :	(no more than 90 days after amendment file date	13 AUG 29 AM 8: 08
Ado	ption of Amendment(s)	( <u>CHECK ONE</u> )	SECRETARIO CHI STATE TALLAHAGSHA, PLORIDA
	The amendment(s) was/were ad was/were sufficient for approva	lopted by the members and the number of votes cast for l.	the amendment(s)
	There are no members or membadopted by the board of director	pers entitled to vote on the amendment(s). The amendments.	nent(s) was/were
	Signature 12.	:28,2013 Pedric € Nill Gr.	
	have not bee	man or vice chairman of the board, president or other o en selected, by an incorporator – if in the hands of a rec appointed fiduciary by that fiduciary)	
	Dr. Cedric	E. Hill, Sr.	
		(Typed or printed name of person signing)	
	Director/Pr	esident	
		(Title of person signing)	<del></del>