

N14 0000000076

(Requestor's Name)

(Address)

(Address)

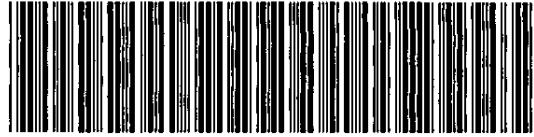
(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____



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eff: 3/30/15

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Special Instructions to Filing Officer:

43.75

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STATE OF ALABAMA
ALABAMA SECRETARIAT

15 MAR 30 PM 3:22

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Amend.
4/2/15
DC*



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 19, 2015

KENISHA BROWN-ALEXANDER
GLOBAL DEVELOPMENT ALLIANCE, INC.
14027 SW 12TH STREET
MIRAMAR, FL 33025

SUBJECT: GLOBAL DEVELOPMENT ALLIANCE, INC.
Ref. Number: N1400000076

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell
Regulatory Specialist III

Letter Number: 015A00005533

15 MAR 30 PM 4:15
015A00005533

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Global Development Alliance, Inc.

DOCUMENT NUMBER: N144000000076

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kenisha Brown-Alexander

(Name of Contact Person)

Global Development Alliance, Inc.

(Firm/ Company)

14027 SW 12th St

(Address)

Miramar, FL 33025

(City/ State and Zip Code)

kenisha.nichelle@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kenisha Brown-Alexander at (305) 5281226
(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:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy is
Enclosed) |
|--|---|---|--|

Mailing Address

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

Street Address

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

CMS
//

Articles of Amendment
to
Articles of Incorporation
of

Global Development Alliance, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

N14000000076

(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:

Seasons of H.O.P.E. Incorporated

The new 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.

B. Enter new principal office address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

Kenisha Brown-Alexander

19411 NW 18th Ct.

Miami Gardens, FL 33056

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

Kenisha Brown-Alexander

PO Box 278754

Miramar, FL 33027

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:

Name of New Registered Agent:

Kenisha Brown-Alexander

19411 NW 18th Ct.

(Florida street address)

New Registered Office Address:

Miami Gardens

Florida

33056

(City)

(Zip Code)

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.

SEE SIGN. ATTACHED

Signature of New Registered Agent, if changing

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15 MAR 30 PM 3:22

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Youseline Poteau</u>	<u>7900 Oak Lane,</u> <u>Suite 400</u> <u>Miami Lakes, FL 330</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

Article III: The specific purpose for which this corporation is organized is:

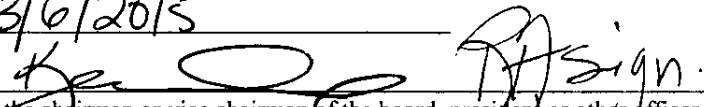
Providing support to and hosting weekend retreats for caregivers of s sick/ill loved one. This corporation will also provide scholarship opportunities to deserving students annually, who have lost a parent(s) due to an illness.

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: 3/30/2015
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

- 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 3/6/2015
 Signature 
 (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)

Kenisha Brown-Alexander
 (Typed or printed name of person signing)
President
 (Title of person signing)