## N 14000002555

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SECRETARY OF STATE

MAR 3 1 2014 C. CARROTHERS

## **COVER LETTER**

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Hope Foundation of Florida, Inc.
DOCUMENT NUMBER: 14000002555
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Lauret Frederick (Name of Contact Person)
Hope Foundation of Florida, Inc.
23110 State Road 54 #148 (Address)
Lutz FL 33549 (City/ State and Zip Code)
Mose foundation flaverizon. net E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
(Name of Contact Person)  at (813) 294-0444  (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the l'Iorida Department of State:
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed)  \$252.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

**Articles of Amendment** Articles of Incorporation Corporation as currently filed with the Florida Dept. of State) SECRETARY 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. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: (Florida street address) New Registered Office Address: Florida (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. Signature of New Registered Agent, if changing

Page 1 of 4

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 <math>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 Doe V Mike Jones SV Sally Smith				
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address		
1) Change Add	CEO	Laurel Frederick	1527 Water wood Dr Lutz, FL 33579		
Remove 2) X ChangeAdd	<u>C00</u>	AngelinaFailla	1527 Water wood // Lutz, FL 33559		
Remove 3)ChangeAdd	<del></del>	·			
Remove 4)ChangeAddRemove					
5) Change Add Remove					
6) Change Add Remove					

(Attacl	ending or adding addition an additional sheets, if nec	essary). (Be s	necific)	nere:		
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<u>Ifan a</u>	mendment provides for	an exchange, r	eclassification	, or cancellatio	n of issued shar	es.
prov (	isions for implementing if not applicable, indicate	tne amenameni · N/A)	t it not contair	ied in the amen	ament itseit:	
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The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	
(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 3/210/2014	
Signature Sulface	Marrie of Printers
(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)	
Laurel Frederick	
(Typed or printed name of person signing)	
CEO	
(Title of person signing)	