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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

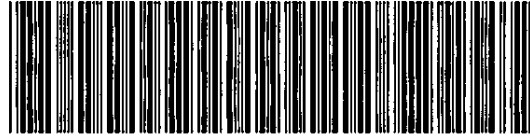
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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C. CARROTHERS

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Caldwell'sCenterof HopeInc.

DOCUMENT NUMBER: N14000007589

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

Please return all correspondence concerning this matter to the following:

StepherCaldwell

(Name of Contact Person)

Caldwell'sCenterof HopeInc.

(Firm/ Company)

1700N. MonroeSt. St 11-254

(Address)

TallahasseeFL 32303

(City/ State and Zip Code)

caldwellcenterofhope@gmail.com

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

For further information concerning this matter, please call:

StepherCaldwell

850

728-9026

at

(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:

- \$35 Filing Fee \$43.75 Filing Fee & Certificate of Status \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) \$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

Articles of Amendment
to
Articles of Incorporation
of

Caldwell's Center of Hope Inc.

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

N14000007589

(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:

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**)

1700N MonroeSt. Ste.11-254

TallahasseeFL 32303

C. Enter new mailing address, if applicable:

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

1700N MonroeSt. Ste.11-254

TallahasseeFL 32303

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: _____

(City)

, 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

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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 | <u>D</u> | <u>Wendy Bodifer</u> | <u>1575 Paul Russell Rd.</u> |
| <input type="checkbox"/> Add | | | <u>Tallahassee, FL 32301</u> |
| <input checked="" type="checkbox"/> Remove | | | |
| 2) <input type="checkbox"/> Change | <u>D</u> | <u>Kim Gay</u> | <u>711 Bonita Ave</u> |
| <input checked="" type="checkbox"/> Add | | | <u>Quincy, FL 32351</u> |
| <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)

SeeAttachedDocument-Dissolution

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

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 October 28, 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)

Stephen Caldwell
(Typed or printed name of person signing)

Chairman
(Title of person signing)

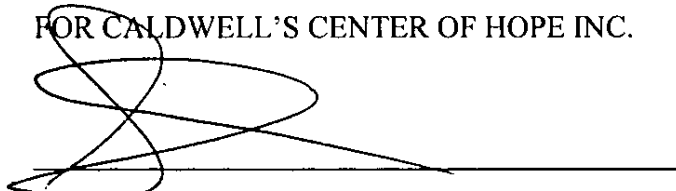
ARTICLE VIII: DISSOLUTION

At any time that dissolution of this corporation is authorized, pursuant to law, the Board of Directors shall apply and distribute its assets as follows:

- A. All liabilities and obligations of the agency shall be discharged or adequate provision made thereof;
- B. Assets held on condition requiring return or other disposition in case of dissolution shall be so returned or disposed of and;
- C. All other assests of the agency shall be transferred to one or more organizations, as determined by the Board of Directors, that are organized and operated exclusively for chairtable or educational purposes, that qualify as an organization described in Section 501(c)(3) of the Internal Revenue Code of 1986, as amended, and that are exempt from federal income taxation under Section 501(a) of the Internal Revenue Code of 1986 as amended.

We, the undersigned, do hereby certify that the forgoing by-laws were duly adopted by the Board of Directors at a meeeting duly held and called on the 28 th day of October A.D. 2015

FOR CALDWELL'S CENTER OF HOPE INC.



Chairperson