## N14000008955

(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phon	e #)
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Selection of the select

## **COVER LETTER**

Division of Corporations
NAME CHANGE TO: Hope Central Inc.  SUBJECT:
Name of Corporation
<b>DOCUMENT NUMBER:</b> N14000008955
The enclosed Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Ivette Ramos-Celestrin
Name of Contact Person
Ivette Ramos-Celestrin
Firm/Company
Crisis Re-entry Counseling Centre
Address
5802 akoma Dr. Ste#3
City/State and Zip Code
Orlando, FL 32839
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Ivette Ramos-Celestrin  407 at ( )
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$35.00 Filing Fee  X \$43.75 Filing Fee & Certificate of Status  Certificate of Status  (Additional copy is enclosed)  \$52.50 Filing Fee, Certificate of Status & Certificate o

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

Article	s of Incorporation	
Crisis Re-	estry Counceling	Centro.
	tly filed with the Florida Dept. of State)	
N14000	008955	
	er of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation	adopts the following
A. If amending name, enter the new name of the corporat	ion: ,	
Hope Centra	1 Inc.	The new
name must be distinguishable and contain the word "corporal <u>"Company" or "Co." may not be us</u> ed in the name.	tion" or "incorporated" or the abbreviation	"Corp." or "Inc."
B. Enter new principal office address, if applicable:	N/A	· .
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	)	
	<del></del>	مش.
C. Enter new mailing address, if applicable:	. 1.10	(25)
(Mailing address MAY BE A POST OFFICE BOX)	N/M	eger mil Programme Windows Mills gramme Mills gramme Mills
	•	<u> </u>
		T2 7
<ol> <li>If amending the registered agent and/or registered office and/or the new registered agent and/or the new registered office a</li> </ol>		<u>e</u> ့္ပါ
Name of New Registered Agent:	N/A-	, ————————————————————————————————————
	/	
	(Florida street address)	
New Registered Office Address:		
	, Florid	a
	(City) , (Zip	Code)
New Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am fai	Agent: miliar with and accept the obligations of the	position.
Si	ignature of New Registered Agent, if changin	lg

, If amending the Officers and/or Directors, enter the ti	itle and name of each officer/director being removed and title, i	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 De V Mike Jo SV Sally S	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
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Remove			
3 ) Change	<del></del>		
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4) Change	<del> </del>		
Add			
Remove			
5) Change			
Add	<del></del>		
Remove			
6) Change			
Add	<del></del>		
Remove			

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)
only Chonging Our nome
_
From: Orisis Re-enty Counsing Center To: Hope Central Inc.
To: Hope Central Inc.
•
Last Deasto that had that nome was
en 2007-2008
·
· · · · · · · · · · · · · · · · · · ·

The date of each amendment(s) adoption: 6/17/16 date this document was signed.	, if other than the
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 da document's effective date on the Department of State's records.	te will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and the number of votes cast for the amendm was/were sufficient for approval.	ent(s)
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/wadopted by the board of directors.	ere
Dated 6/12/16	
Signature A Mutte Ramon-Celestri	
(By the chairman or vice chairman of the board, president or other officer-if direct have not been selected, by an incorporator — if in the hands of a receiver, trustee other court appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	rin
(Typed or printed name of person signing)	
CEO Resident	<u>1</u>
(Title of person signing)	<del></del>