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R. WHITE 'JUN 1 2 2018

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION		CENTRAL INC			
	21.40	2000055			
DOCUMENT NUMBER: _	18 14 Min)008955			_
The enclosed Articles of Am	endment and fee are subm	itted for filing.			
Please return all corresponde	nce concerning this matter	to the following:			
		Ivette Ramos Celes	strin		
	(Name of Contact Pers	son)	_	_
		Hope Central I	ne		
		(Firm/ Company)			_
	:	5802 Makoma Di	- #3		
		(Address)			_
		Orlando, FL 32	839		
	(City/ State and Zip C	ode)		
	_				
		lopeiscentral@gr		72. 74	
ಟ	-mail address: (to be used	for future annual repo	rt notification)	
For further information cone	erning this matter, please c	all;			
lvette Rar	nos Celestrin	at	407	300-0019	
	(Name of Contact Person)			(Daytime Telephone Number)	_
Enclosed is a check for the f	ollowing amount made pay	able to the Florida De	epartment of S	State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & □ Certificate of Status		Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)	
Mailing A			et Address		
Amendme			endment Section		
Division o P.O. Box (f Corporations		sion of Corpo on Building	rations	
1.37. 1703	u ← - 1	Citi			

2661 Executive Center Circle

Tallahassee, FL 32301

FILED

Articles of Amendment to Articles of Incorporation

18 JUN 11 PM 1: 28

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(Name of Corporation as cu	rrently filed with the Florid	la Dept, of State)
	N14000008955	
(Document N	lumber of Corporation (if kno	own)
Pursuant to the provisions of section 617,1006, Florida S amendment(s) to its Articles of Incorporation;	tatutes, this Florida Not For	Profit Corporation adopts the following
A. If amending name, enter the new name of the corp	oration:	
		The new
name must be distinguishable and contain the word "cor "Company" or "Co," may not be used in the name.	poration" or "incorporated"	or the abbreviation "Corp," or "Inc."
B. Enter new principal office address, if applicable:		
(Principal office address MUST BE A STREET ADDR.	ESS)	
C. Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		
		
D. If amending the registered agent and/or registered	l office address in Florida, e	enter the name of the
new registered agent and/or the new registered of	fice address:	
Name of New Registered Agent:		
	· · · · · · · · · · · · · · · · · · ·	rida sireet address)
New Registered Office Address:		
		PL 11.
	(City)	, Florida (Zip Code)
	12.558	(my - may
New Registered Agent's Signature, if changing Regist		v in the second
I hereby accept the appointment as registered agent. I d	im familiar with and accept t	ne obligations of the position
	Signature of New Registe	
	 Nonother of Xaw Rootsle 	rea saent Hehanoino

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>V</u> <u>Mik</u>	n Doe le Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		Elizabeth Rodriguez	5434 Lake Margaret dr
Add			#1206
X Remove			Orlando,fl 32812
2) Change		Fidel Molleturo	1449 Sophie Way
Add			Kissimmee, Fl
X Remove			34744
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			-
5) Change			
Add			
Remove			
6) Change			
<u>-</u>			
Add			
Remove			

E. <u>If amending or a</u> (attach additional)	dding additional sheets, if necessar	Articles, enter y). (Be specij	<u> change(s) here</u> tic)	<u>r</u>			
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	<u> </u>						
							
							
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The da	ate of each amen	Iment(s) adoption: 05/25/18	, if other than the
late th	is document was	igned.	
Effective date if applicable:		05/30/18	
	гус пасе <u>п аррис</u>	tno more than 90 days after ame	ndment file date)
		d in this block does not meet the applicable statutor on the Department of State's records.	y filing requirements, this date will not be listed as the
A dopt	ion of Amendmo	nt(s) (<u>CHECK ONE</u>)	
	he amendment(s) as/were sufficien	was/were adopted by the members and the number for approval.	of votes cast for the amendment(s)
	here are no memb dopted by the box	ers or members entitled to vote on the amendment(s d of directors.	i). The amendment(s) was/were
	Dated	05/30/2018	
	Signature	Queito Comor	Cleatri
		By the chairman or vice chairman of the board, pres- nave not been selected, by an incorporator – if in the other court appointed fiduciary by that fiduciary)	
		Ivette Ramos Celestrin	ı
		(Typed or printed name)	of person signing)
		CEO/Exec Dir.	
		(Title of pers	on signing)