

N15000009170

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

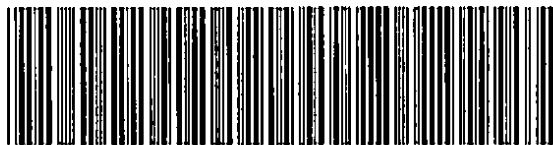
(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 17, 2021

RUSSELL E. DRIVER  
534 CASCADE CIRCLE #104  
CASSELBERRY, FL 32707

SUBJECT: GATES OF HOPE MISSION INTERNATIONAL INC  
Ref. Number: N15000009170

We have received your document for GATES OF HOPE MISSION INTERNATIONAL INC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

The check submitted must be made payable to the Florida Department of State.

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.

Irene Albritton  
Regulatory Specialist II

Letter Number: 421A00003576

*Please find enclosed ck # 1079  
for \$52.00 to cover Certified Copy*

*Thank You  
Russell*



FLORIDA DEPARTMENT OF STATE 021 000000902  
Division of Corporations

January 14, 2021

RUSSELL E. DRIVER  
534 CASCADE CIRCLE #104  
CASSELBERRY, FL 32707

SUBJECT: GATES OF HOPE MISSION INTERNATIONAL INC  
Ref. Number: N15000009170

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Irene Albritton  
Regulatory Specialist II

Letter Number: 021A00000902

DEPT OF AGRICULTURE  
AND CONSUMER SERVICES

BU. FINANCE  
AND ACCOUNTING

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: GATES OF HOPE MISSION INTERNATIONAL INC.

DOCUMENT NUMBER: 47-5136704

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

Please return all correspondence concerning this matter to the following:

RUSSELL E DRIVER

(Name of Contact Person)

GATES OF HOPE MISSION INTL. INC.

(Firm/ Company)

534 CASACADE CORCLE #104

(Address)

CASSELBERRY, FLORIDA 32707-5640

(City/ State and Zip Code)

rdriver187@gmail.com

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

For further information concerning this matter, please call:

RUSSELL E DRIVER

407

968-0373

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:

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

Mailing Address

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

Street Address

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Articles of Amendment  
to  
Articles of Incorporation  
of

2021 MAR -4 PM 12:04

HATES OF HOPE MISSION INTERNATIONAL INC.

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

47-5136704

(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)

**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  
(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.*

\_\_\_\_\_  
*Signature of New Registered Agent, if changing*

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:

<u>X</u> Change	<u>PT</u>	<u>John Doe</u>
<u>X</u> Remove	<u>V</u>	<u>Mike Jones</u>
<u>X</u> Add	<u>SV</u>	Sally Smith

Type of Action  
(Check One)

Title

Name

Address

1)   x   Change  
Add

PTD

RUSSELL, E DRIVER

534 CASCADE CIRCLE #104  
CASSELBERRY, FL 32707

2) × Change  
Add

VS

JAPHET JACINTO PEREZ DIAS

525 ETNA CT #105  
CASSELBERRY, FL 32707

3 )          Remove  
         Change  
         Add  
         Remove

TR

SCOTT D CLARK

2010 FAWSETT ROAD

WINTER PARK, FL 32798

4) \_\_\_\_\_ Change  
Add

5) \_\_\_\_\_ Change  
\_\_\_\_\_ Add

6)          Change  
         Add

**E. If amending or adding additional Articles, enter change(s) here:**

(attach additional sheets, if necessary). (Be specific)

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2021 MAR -4 PM 12:04

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)

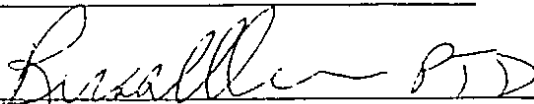
- ☒ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

☒ 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 11/23 2020

2021 MAR -4 PM 12: 04

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)

RUSSELL E DRIVER

(Typed or printed name of person signing)

PRESIDENT, TREASURER, DIRECTOR

(Title of person signing)