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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATIO	One Hope Network I	nc		6.6	
	N15000012083				
DOCUMENT NUMBER: _					
The enclosed Articles of Am	endment and fee are subm	nitted for filing.			
Please return all corresponde	nce concerning this matte	r to the following:			
W. Scott Richardson					
		(Name of Contact Pe	erson)		
One Hope Network, Inc					
		(Firm/ Company	y)		
11317 Lake UNderhill Rd Si	uite 500				
		(Address)			-
Orlando / FL / 32825					
		(City/ State and Zip	Code)		
scott@wehaveonehope.com					V
E	-mail address: (to be used	for future annual rep	ort notification	1)	
For further information conc	erning this matter, please	cail:			
W. Scott Richardson		at	407	617-3705	
	(Name of Contact Person			(Daytime Telephone Number	er)
Enclosed is a check for the fo	ollowing amount made pa	yable to the Florida l	Department of	State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy i enclosed)	Certif is Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)	
Mailing Address		St	rect Address		

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

One Hope Network Inc.		
(Name of Corporation as current	ty filed with the Flori	da Dept. of State)
N15000012083		
(Document Number	er of Corporation (if kn	own)
Pursuant to the provisions of section 617.1006, Florida Statute: amendment(s) to its Articles of Incorporation:	s, this <i>Florida Not For</i>	Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation	on:	
		The new
name must be distinguishable and contain the word "corporat	ion" 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 <u>MUST BE A STREET ADDRESS</u>)		- <u>-</u> -,5
		<u> </u>
		ar e
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 offic	e address in Florida,	enter the name of the
new registered agent and/or the new registered office an		
Name of New Registered Agent:		
Name of New Registered Agent.		
New Registered Office Address:	(Flo	orida street address)
respiregationed typice rituarism.		
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered	Agent:	
I hereby accept the appointment as registered agent. I am fan		the obligations of the position,
Si	gnature of New Registo	ered 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: X Change X Remove X Add	PT John D V Mike John SV SV Sally S	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	Robert B Matthews	17037 PICKETTS COVE ROAD
Add			ORLANDO, FL 32820
X Remove			
2) Change	D	John Baxter	12928 Downstream Cir
XAdd			Orlando, FL 32828
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

utach additional sheets, if neces	nal Articles, enter cha ssary). (Be specific)			
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The date of each amendment(s) add late this document was signed.	Option:	, if other than the
Iffective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bloc locument's effective date on the Dep	k does not meet the applicable statutory filing requirements, this date will a artment of State's records.	not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add was/were sufficient for approval	opted by the members and the number of votes cast for the amendment(s).	
There are no members or members adopted by the board of director	ers entitled to vote on the amendment(s). The amendment(s) was/were rs.	
April 10, 20 Dated	19	
Signature	SHRD_	
have not bee	nan or vice chairman of the board, president or other officer-if directors in selected, by an incorporator – if in the hands of a receiver, trustee, or ppointed fiduciary by that fiduciary)	
W. Scott 1	Richardson	
	(Typed or printed name of person signing)	
Director		
	(Title of person signing)	