NI6000005637

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A. BUTLER MAR 13 2023

COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: HOPE ACCIDENT LACORPORTATED
DOCUMENT NUMBER: N 16000005637
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jodie MCOU
(Name of Contact Person)
Hope Academy Incorporated
(Firm/Company)
40 Box 507. Groveland, FC 34736
(Address)
Gordand, FC 34786
(City/ State and Zip Code)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: 353 L36 L38
(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 & ☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee Certificate of Status (Additional copy is enclosed) ☐ \$52.50 Filing Fee Certificate of Status (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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment Artic

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to	
les of Incorporation	Tex +
of	

		2027	MET 20 AM	
(Name of Corporati	on as currently filed	with the Florida Dep	ot. of State) HIT	6: 09
		,		•
(Docum	nent Number of Corpo	ration (if known)	٠	1.1
Pursuant to the provisions of section 607.1006, Florida standards Articles of Incorporation:	a Statutes, this <i>Floridu</i>	Profit Corporation a	idopts the follow	ring amendment(s)
a. If amending name, enter the new name of the co	orporation:			
name must be distinguishable and contain the word "co". "Inc.," or Co.," or the designation "Corp," "Inc, "chartered," "professional association," or the abbre	" or "Co". A profes			
B. Enter new principal office address, if applicable Principal office address <u>MUST BE A STREET ADI</u>			. <u>.</u>	
C. P. A				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	(X)			
				
				
). If amending the registered agent and/or register	red office address in I	Florida, enter the na	me of the	
new registered agent and/or the new registered		1	<u></u>	
Name of New Registered Agent				
Hume of the Regimered Agent				
	(Florida strect addre	ess)		
New Registered Office Address:			, Florida	
New Registered Office Address.	(City)			p Code)
dew Registered Agent's Signature, if changing Reg				
hereby accept the appointment as registered agent.	I am familiar with and	l accept the obligation	ns of the position	i.
Signo	ature of New Registere	d Agent, if changing		
a	, .,			

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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		Doe : Jones : Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
Change Add		RANDOLPH Waite	1128 Sea, Eaclo Grovefand, Ft 34 BC
Remove 2) Change Add		Eucretia Waite	118Sea Eagle Gentland II 3473/
Remove Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			-
E. If amending or add (attach additional sho	ing additional A eets, if necessary)	rticles, enter change(s) here:). (Be specific)	

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The date of each amendment(s) adoption: date this document was signed. Effective date if applicable: 12/19/22 12/19/27 12/19	
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 decire was the Decire was a few and the Decire was the Decir was the Deci	ate 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 12/19/22
Signature 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)
Jodie McCou
(Typed or printed name of person signing)
(Title of person signing)