

N1600000006Z69

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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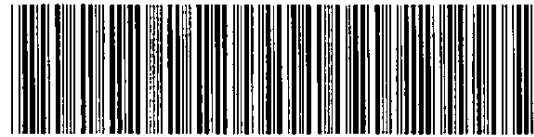
(Business Entity Name)

(Document Number)

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17 JUN 26 PM 2:51
SECTION 10.100
FALL APASSPE 1.0000

JUN 26 2017

S. FRATHER

COVER LETTER

★ **TO:** Amendment Section
Division of Corporations

NAME OF CORPORATION: VILLAGE OF HOPE FOOD BANK, INC.

DOCUMENT NUMBER: N16000006269

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

Please return all correspondence concerning this matter to the following:

STEVE COLEMAN

Name of Contact Person

VILLAGE OF HOPE FOOD BANK, INC.

Firm/ Company

5353 ARLINGTON EXPRESSWAY, SUITE 210

Address

JACKSONVILLE, FL 32211

City/ State and Zip Code

VOHFoodBank@gmail.com

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

For further information concerning this matter, please call:

Steve Coleman

at (727) 543-6333

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 &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

VILLAGE OF HOPE FOOD BANK, INC.

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

N16000006269

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida 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," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

5353 Arlington Expressway

Suite 210

Jacksonville, FL 32211

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

5353 Arlington Expressway

Suite 210

Jacksonville, FL 32211

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 Steve Coleman

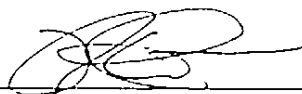
5353 Arlington Expressway, Suite 210

(Florida street address)

New Registered Office Address: Jacksonville, Florida 32211
(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:

X Change PT John Doe

X Remove V Mike Jones

X Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	<u>C</u>	<u>DR. LARRY WRIGHT</u>	<u>13936 Atlantic Blvd.</u>
<input type="checkbox"/> Add			<u>Jacksonville, FL 32225</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>D</u>	<u>KELLY McKNIGHT</u>	<u>7701 Timberlin Park Blvd.</u>
<input checked="" type="checkbox"/> Add			<u>#122</u>
<input type="checkbox"/> Remove			<u>Jacksonville, FL 32256</u>
3) <input checked="" type="checkbox"/> Change	<u>D</u>	<u>CHARLES TRAVIS</u>	<u>11152 Oak Ridge Drive South</u>
<input type="checkbox"/> Add			<u>Jacksonville, FL 32225</u>
<input type="checkbox"/> Remove			
4) <input checked="" type="checkbox"/> Change	<u>D</u>	<u>STEVE COLEMAN</u>	<u>5353 Arlington Expressway</u>
<input type="checkbox"/> Add			<u>Suite 210</u>
<input type="checkbox"/> Remove			<u>Jacksonville, FL 32211</u>
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

June 20, 2017

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

June 20, 2017


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 June 20, 2017 _____

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)

Steve Coleman

(Typed or printed name of person signing)

Director

(Title of person signing)

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17 JUN 26 PM 2:51
TALLAHASSEE
SECRETARY OF STATE