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COVER LETTER

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TO: Amendment Section Division of Corporations		A TO THE OWNER OF THE OWNER OWNER OF THE OWNER OWNER OF THE OWNER OWNE
NAME OF CORPORATION: HOPE	Project INC	で ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・
DOCUMENT NUMBER: NLG	00000 8828	- G
The enclosed Articles of Amendment and fee are	submitted for filing.	•
Please return all correspondence concerning this r	atter to the following:	
David Trondon		_
David Troydon HOPE Project, in	(Name of Contact Person)	
	, (Jones)	-
2460 Dunajack Chipley FL	32428	_
,	(City/ State and Zip Code)	_
For further information concerning this matter, ple		
David Traced (Name of Contact Pe	at 850 896 4868	_
(Name of Contact Per Enclosed is a check for the following amount mad		
\$35 Filing Fee \$43.75 Filing Fee Certificate of State	& D\$43.75 Filing Fee & D\$52.50 Filing Fee US Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (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

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ا ا	icles of Amendment
	to oi Amendment
Artic	cles of Incorporation
	of E
7/12 H.C	cles of Amendment to cles of Incorporation of PE Project Inc entity filed with the Florida Dept. of State) J 160000 8828 mber of Corporation (if known)
(Name of Corporation as curr	ently filed with the Florida Dept. of State)
# _~	J 1-600000 8828
(Document Nur	mber of Corporation (if known)
	6:
Pursuant to the provisions of section 617.1006, Highida State amendment(s) to its Articles of Incorporation:	utes, this Florida Not For Profit Corporation adopts the following
amendment(s) to its retreas of meorporation.	
A. If amending name, enter the new name of the corpor	ation:
ll)	, The new
	ration" 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:	2460 Dunajack Rd
(Principal office address MUST BE A STREET ADDRES	2460 Dunajact Rd Chipley F2
W.1	- Chifley FL
Î.	32428
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2460 Dumajack RJ
	2460 Durajack Rl Chifley FL
	h.fley FL
	32428
	en 1 173 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office	
[1]	
Name of New Registered Agents	David Trogdod 2460 Dumajack Kd (Florida street address)
¥,1	2460 Dumajack Ld
New Registered Office Address:	(Florida street address)
in the state of th	22410
Mj	(City), Florida 32428 (City) (Zip Code)
∭.]	(City) ((Zip Code)
New Registered Agent's Signature, if changing Register	ed Agent:
I hereby accept the appointment as registered agent. I am	familiar with and accept the obligations of the position.
<u> </u>	1 / logh
₩,	Signature of New Registered Agent, if changing
1981	

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address of each Office (Attach additional sheet Please note the officer/a P = President; V = Vice Executive Officer; CFO	r and/or Directo s, if necessary) director title by th President; T= Ti = Chief Financia	r being added: ne first letter of the core reasurer S= Secret al Officer, If an off	office title:	r/director being removed and title, name, and rustee; $C = Chairman \ or \ Clerk$; $CEO = Chief$ and one title, list the first letter of each office
	d in the following aves the corpora	manner. Currently tion, Sally Smith is		PST and Mike Jones is listed as the V. There is should be noted as John Doe, PT as a Change,
Example: X Change X Remove X Add	_	Doe Jones Smith		
Type of Action (Check One)	<u>Title</u>	Name		<u>Addres</u> s
1) Change Add Remove	TR	<u>Chal</u>	es Adamcryk	4137 Russell Lane forama City FL 32404
2) Change Add Remove	<u>S</u>	SUZ	y Oliveira	3202 Sylvanhust D Bonitay FL 32425
3) Change Add Remove	D	Mabiti	na Marlew	LO724 Alex Dr Fountain Fl 32438
4)ChangeAddRemove	D	- Vess	ca Hendry	1 0842 Alex 0- Fourten FL 32438
5) Change Add Remove	_0_	Ryan	Ison	120 Turtle Cove Br Panuma City Beach FZ 32413
6) Change Add Remove		Kelly	I SON	120 Turtecove D Pagama Coty Beach FL 32413
		HI.		

Page 2 of 4

E. If amending or adding additional Article (attach additional sheets, if necessary).	ticles, enter change(s) here:	
. (attach additional sheets, if necessary).	(Belspecific)	
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
(no mo	re than 90 days after amendment file date)
Note: If the date inserted in this block does not	neet the applicable statutory filing requirements, this date will not be listed as the
document's effective date on the Department of S	tate's records.
Adoption of Amendment(s) (CHE	CK ONE)
The amendment(s) was/were adopted by the was/were sufficient for approval.	members and the number of votes cast for the amendment(s)
adopted by the board of directors.	vote on the amendment(s). The amendment(s) was/were
Dated17	ovenber 2017
Signature	7 mgs
(By the chairman or vice	hairman of the board, president or other officer-if directors
	an incorporator – if in the hands of a receiver, trustee, or
other court appointed fid	uciary by that fiduciary)
	David Trasdal
	(Typed or printed name of person signing)
	Director
	(Title of person signing)