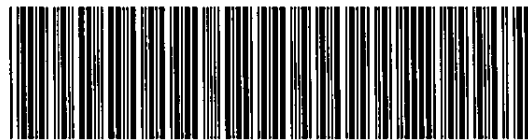


N1160000009939



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12/23/16--01006--001 **35.00

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

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Amend/Name
chg

DEC 28 2016
ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Clean Recovery Foundation INC

DOCUMENT NUMBER: N16000009939

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

Please return all correspondence concerning this matter to the following:

Derek Wolford
(Name of Contact Person)

(Firm/ Company)

13308 Winding Oak Ct
(Address)

Tampa, FL 33612
(City/ State and Zip Code)

Derek@CleanRecoveryCenters.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Derek Wolford at 734 330 4919
(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

Clean Recovery Foundation INC

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

(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:

Hope Foundation For Recovery INC

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)

N/A

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:

N/A

(Florida street address)

New Registered Office Address:

(City)

Florida

(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

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STATE OF FLORIDA
DEPARTMENT OF REVENUE

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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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VY</u>	<u>Chris Kelly</u>	<u>824 Brookwood Dr</u> <u>Lake land FL</u> <u>33813</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>Vp</u>	<u>Allison Holt</u>	<u>8505 Blind Pass Dr</u> <u>Treasure Island</u> <u>FL 33706</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove		<u>Steve Manaboli</u>	<u>101 Bayview Ave</u> <u>Port Washington</u> <u>NY, 11050</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
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			

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

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

EIN 36-4850492

* New mission & vision (see ATTACHED)

* Add purpose & dissolution (see ATTACHED)

Mission

Through outreach to our communities, our mission is expand awareness in our societies of the disease that is substance abuse and through our actions, provide resources and facilities to promote recovery for those affected.

Vision

Working together with our patients and communities to challenge the dialog that currently exists regarding the disease of substance abuse, and to provide effective options for lifelong recovery to those affected.

Purpose and Dissolution

Purpose

The Corporation is organized and shall be operated for exempt within the meaning of section 501(c)(3) of the Internal Revenue Code of 1986 as amended or to corresponding provisions of future federal tax legislation.

Dissolution

Upon dissolution, the remaining assets after payments of the Hope Foundation for Recovery debts and liabilities, shall be distributed for one or more similar nonprofit organizations within the guidelines of section 501(C)(3) of the internal Revenue Code or corresponding section of any future federal tax code and/or be disturbed to the federal or state government for the good of the public.

The date of each amendment(s) adoption: 12/20/16, 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 12/20/16

Signature D. Wolford

(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)

Derek Wolford

(Typed or printed name of person signing)

President

(Title of person signing)

Please call if there are any questions