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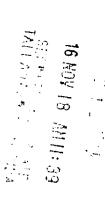
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EIN#80-403/301

COVER LETTER

TO: Amendment Section NAME OF CORPORATION: Chaplains InterNational Institute of Hope N16000010816 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Nette Ramos Celestrin

(Name of Contact Person)

Hope Central Inc. Hope Central 5802 Makoma DR#Z ORIANDO FL 32839
(City/State and TimCode) E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 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 Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed) **Mailing Address Street Address** Amendment Section Amendment Section Division of Corporations **Division of Corporations** P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

To Add President Miguel Irizarry is only correction

Tallahassee, FL 32314

Articles of Amendment

to

Articles of Incorporation

16 NOV 18 AHII: 39

	of / / / /	TALL AREA SEE FOR
Chaplains International	INSTITUTE	of Hope.
N / 6 0 0 0 (Document Numb	er of Corporation (if kno	own)
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this <i>Florida Not For</i> .	Profit Corporation adopts the following
A. If amending name, enter the new name of the corporati	ion:	
		The new
name must be distinguishable and contain the word "corporal "Company" or "Co." may not be used in the name.	tion" or "incorporated"	or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		Koma DR. Stat 2
(17mcipul diffice dadress MOST BLASTREET ADDRESS)	'	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5802 Ma	Koma DR Ste#2
	orlando,	Koma DR Ste#2 FL 32839
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a		nter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Flor	ida street address)
	(C'A.)	, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fai	Agent: miliar with and accept th	he obligations of the position.
	ignature of New Pariste	and Acoustif characters

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 J SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
Change Add Remove	P Presider CED	Miquel Irizar Miguel Irizar	rry 507 Sabal Palm, ry Attamonte Spring. ry FL 32701
2) Change	-D	Victor, Roland	<i></i>
Add Remove 3) Change	CORRECT	tion on [D] VILTOR VICTOR ROLAN.	Rokald Should Be
Add		. #	
4) Change Add Remove		EIN#80-403 130)
5) Change			
Remove			
6) Change Add Remove			

The date of each amendment(s) ado	ption:/1/7/16	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	11/4//6	
	(no more/than 90 days after amendment fil	e date)
Note: If the date inserted in this block document's effective date on the Department.	c does not meet the applicable statutory filing re- artment of State's records.	quirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado was/were sufficient for approval.	pted by the members and the number of votes ca	ast for the amendment(s)
There are no members or member adopted by the board of directors	rs entitled to vote on the amendment(s). The ans.	nendment(s) was/were
Dated	19/16	
have not been	nan or vice chairman of the board, president or o selected, by an incorporator – if in the hands of pointed fiduciary by that fiduciary)	
President N	(Typed or printed name of person	signing)
Mig	Jul dryany Title of person signing	President.