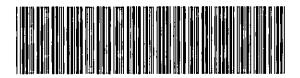
NIGOCOMO922

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
marc Honrice
marc Henrice Advised to th8
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9/23/20





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Amend

SEP 2 % ZUZU LALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	S:			
N DOCUMENT NUMBER:	16000010922		· · · · · · · · · · · · · · · · · · ·	
The enclosed Articles of Amer	adment and fee are sub-	mitted for filing.		
Please return all corresponden	ce concerning this matt	er to the following:		
MARC HENRICE				
		(Name of Contact Po	erson)	
Hope for children	of the world.inc			
		(Firm/ Company	·)	
1825 NW CORPORATE BLA	D SUITE 110			
		(Address)		
BOCA RATON FL 33431				
	·	(City/ State and Zip)	Code)	
MARCHENRICE@GMAIL.C	COM			
E-n	nail address: (to be used	I for future annual rep	ort notification	1)
For further information concer	ming this matter, please	call:		
MARC HENRICE		:et	954	
()	Jame of Contact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the fol	lowing amount made pa	ayable to the Florida I	Department of	State:
■ \$35 Filing Fee □	□\$43.75 Filling Fee & Certificate of Status		Certifi s Certifi	O Filing Fee icate of Status ied Copy tional Copy is osed)
<u>Mailing Ad</u> Amendment			eet Address tendment Secti	ion
	Section Corporations		vision of Corpe	
P.O. Box 63			e Centre of T	
Tallahassee,		24	15 N. Monroe	e Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

of

HOPE FOR CHILDREN OF THE WORLD, INC.

(Name of Corporation as currently filed with the Flo	rida Dept. of State)	
N16000	0010922	
(Document	Number of Corporation (if kn	own)
Pursuant to the provisions of section 617,1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this <i>Florida Not Fo</i> r	Profit Corporation adopts the following
A. If amending name, enter the new name of the cor	poration:	
		The new
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	rporation" or "incorporated	" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDI</u>	RESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	* 1	
(Matting datiess SEAT BE A COST OFFICE BOX		٢٠ .
		
		
D. If amending the registered agent and/or registere		enter the name of the
new registered agent and/or the new registered o	ffice address:	
Name of New Registered Agent:		
	Œle	vida street address)
New Registered Office Address:		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		. Florida (Zip Code)
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regist hereby accept the appointment as registered agent. I		the obligations of the position.
	Signature of New Registe	red 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 X Remove X Add	PT John D V Mike Jo SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	<u>C</u>	RENALD DESSOURCES	8680 NW 26 PL SUNRISE FL 33322
Remove			
2) Change Add			
Remove 3 (Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addir (attach additional shee		icles, enter change(s) here: (Be specific)	
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		·		
The date of each amendment(s) adoptio	rs ·			if other than the
date this document was signed.	н			, ir omer man the
date this document was signed,				
range of the second				
Effective date <u>if applicable</u> :	(no more than 90 da		>1 - 1	
	(no more than 90 da	vs after amendment ,	file date)	
Note: If the date inserted in this block doc	es not meet the applic	able statutory filing	requirements, this date v	vill not be listed as the
document's effective date on the Departme	ent of State's records			

(CHECK ONE)

The amendment(s) was/were adopted by the members and the number of votes east for the amendment(s)

Adoption of Amendment(s)

was/were sufficient for approval.

	07/26/2020
Dat	
Sign	(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)
	MARCHENRICE