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(City/State/Zip/Phone #)		
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(Business Entity Name)		
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	HOPE	15	CANLER	For	VNO AT	TION	INC		
DOCUMENT NUMBER:/	11								_
The enclosed Articles of Amenda									
Please return all correspondence of	concerning this ma	atter t	o the following:						
STOVER	TYLE	ρ	J						
		()	lame of Contact F	erson)					
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MIAMI	FL 33	12	2-9	0.11					_
		(C	ity/ State and Zip	Code)					
HOPE VS CANO	address: (to be us				ification)				_
For further information concernin	g this matter, plea	ise cal	11:						
TYLER ST	OVER		a:		786	348.	550	1	
(Nam	ne of Contact Pers	on)		(Area	Code) (E	Daytime Tele	phone Nun	nber)	_
Enclosed is a check for the follow	ing amount made - 	payal	ble to the Florida	Departn	nent of State	ı.			
	43.75 Filing Fee Certificate of Statu	i is '	\$43.75 Filing Fee Certified Copy (Additional copy enclosed)		S52.50 Fi Certificate Certified ((Additional Enclosed)	of Status Copy al Copy is	Dr.V	i a	
Mailing Addre Amendment Sec Division of Cor P.O. Box 6327 Tallahassee, FL	etion porations	 	Ai Di Cl 26	ivision c ifton Bu 61 Exec	ent Section of Corporati	r Circle	EFARTHER UT S 1610N OF CORPOR LLAHASSEEFL	788-1 夏	ALAULA A



FLORIDA DEPARTMENT OF STATE || Division of Corporations

August 24, 2017

TYLER STOVER 1712 SW 2ND AVENUE PH 4 MIAMI, FL 33129

SUBJECT: HOPE VS CANCER FOUNDATION INC

Ref. Number: N17000002237

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

The current name of the entity is as referenced above. Please correct your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 717A00017409

www.sunbiz.org

Company in BO DOY (2007 Table) and Florida 2001



FLORIDA DEPARTMENT OF STATE | Division of Corporations

July 28, 2017

TYLER STOVER 1712 SW 2ND AVENUE PH 4 MIAMI, FL 33129

SUBJECT: HOPE VS CANCER FOUNDATION INC

Ref. Number: N17000002237

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

The person designated as registered agent in the document and the person signing as registered agent must be the same.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 517A00015318

www.sunbiz.org

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Articles of Amendment to Articles of Incorporation of

FILED

2017 SEP - 1 PM 12: 35

HOPE US CAPCER

FOUNDATION INC

(Name of Corporation as currently filed with the Florida Dept. of State) N1700000 2237 (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: 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) 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: (Florida street address) New Registered Office Address , Florida (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

Page 1 of 4

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address of each Offic (Attach additional she Please note the officer P = President; V= Vic	er and/or Direct ets, if necessary) Idirector title by the President; T= O = Chief Finan	tor being added: the first letter of the offi Treasurer; S= Secretar cial Officer. If an office	ice title: y; D= Director; TR= 1	er/director being removed and title, name, and "rustee; C = Chairman or Clerk; CEO = Chief than one title, list the first letter of each office	
	leaves the corpo	ration, Sally Smith is na		e PST and Mike Jones is listed as the V. There is e should be noted as John Doe, PT as a Change,	
Example: X Change X Remove X Add	<u>V</u> <u>Mi</u>	nn Doe ke Jones lly Smith			
Type of Action (Check One)	<u>Title</u>	Nam e		<u>Addres</u> s	
1) Change	<u>VP</u>	BAILEY	BATTLE	350 S. WAMI AVE #3	100
Remove				33130	
2) Change Add Remove	<u></u>	ENRIQU	E PENA	325 E 11th ST HIALEAH, FL 33010	
3) Change Add Remove	D	THER	STOVER	1712 SW 2nd AVE PHS MIAMI, FL, 33129	1
4) Change		<u> </u>			
Add Remove					
5) Change Add		<u> </u> 			
Remove		i I			
6) Change Add	.				

Page 2 of 4

___ Remove

E. If amending or adding additional Articles, e (attach additional sheets, if necessary). (Be s	nter change(s) here:
(attach additional sheets, if necessary). (Be i	pecific)
	<u> </u>
	<u> </u>
	Page 3 of 4

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	te of each amendment(s) adoption:	, if other than th
Effectiv	e date <u>if applicable</u> :	İ
	(no m	ore than 90 days after amendment file date)
Note: I docume	f the date inserted in this block does not nt's effective date on the Department of S	meet the applicable statutory filing requirements, this date will not be listed as the state's records.
Adoptio	on of Amendment(s) (CHI	 <u>ECK ONE</u>
	e amendment(s) was/were adopted by the s/were sufficient for approval.	members and the number of votes cast for the amendment(s)
,	ere are no members or members entitled opted by the board of directors.	to vote on the amendment(s). The amendment(s) was/were
	Dated 08-30-	2017
	Signature SG	a h
		chairman of the board, president or other officer-if directors by an incorporator — if in the hands of a receiver, trustee, or biciary by that fiduciary)
	TYLER	STOVER
		(Typed or printed name of person signing)
	BOOK	(Title of person signing) Divector
		(Title of person signing) Dir eCtoR