## M17000005579

(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:

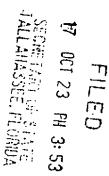
Office Use Only



500304770585

10/24/17--01011--029 \*\*35.00

OCT 2 5 2017 S. YOUNG



## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATIO	Helping Other People	Excel. Inc			
DOCUMENT NUMBER: _	N17000005579				
The enclosed Articles of Am	endment and fee are subm	itted for tiling.			
Please return all corresponde	nce concerning this matter	to the following:			
Tara Ramsey					
	(	Name of Contact Perso	n)		
Helping Other People Excel	, Inc				
		(Firm/ Company)			
5145 Caribbean Boulevard #	<del>‡</del> 1011				
		(Address)			
West Palm Beach Fla 33407					
	(	City/ State and Zip Coo	le)		
evangelistictemplecog@yah	oo.com				
15.	-mail address: (to be used	for future annual report	notification)		
For further information conc	erning this matter, please e	all:			
Tara Ramsey			51-572-5885		
	(Name of Contact Person)	(A	rea Code) (Daytime Telephone Number)		
Enclosed is a check for the fo	ollowing amount made pay	able to the Florida Dep	artment of State:		
■ \$35 Filing Fee	□\$43.75 Filing Fee & I 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		Street Address			
Amendment Section		A men	Iment Section		

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Helping Other People Excel, Inc

(Name of Corporation	as current	ly filed with the Florida Dept. of State)			
N17000005579					
(Docum	nent Numbe	er of Corporation (if known)	<del></del>		_
Pursuant to the provisions of section 617,1006, Floamendment(s) to its Articles of Incorporation:	rida Statutes	s, this Florida Not For Profit Corporation ad	lopts the f	ollowi	ng
A. If amending name, enter the new name of the	<u>e corporati</u>	on:			
N/A				The no	.w
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam		ion" or "incorporated" or the abbreviation '	Corp." or	r "Inc.	
B. Enter new principal office address, if applica	ıble:	N/A			
(Principal office address MUST BE A STREET A		N/A			_
		N/A			_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)	N/A		Ü	
g		N/A	<b>建</b> 原 張以	OCT	
		N/A	SEC	23	[1]
D. If amending the registered agent and/or reginew registered agent and/or the new register			FL OX	P¥ 3:	_ 
	auress.	DA DA	သ		
Name of New Registered Agent:	N/A				_
	N/A				
New Registered Office Address:		(Florida street address)			
	N/A				
	City) , Florida, Florida, [Zip Code)		lode)		_
New Registered Agent's Signature, if changing I		Agent:			
I hereby accept the appointment as registered agen	it. Lam fan	niliar with and accept the obligations of the p	osition.		
-					_
	Si	gnature of New Registered Agent, if changing	<u>'</u>		

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 = ChiefExecutive 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	<u>V</u> <u>Mik</u>	n Doe te Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	т 	Elaine Oaks	2400 Haverhill Road
x Add			West Palm Beach Fla. 33417
Remove			
2) Change	T	Valentina Davenport	740 SW 14th Avenue
Add			Deerfield Beach Fla. 33441
X Remove			
3) Change			
Add			
Remove			<del></del>
4) Change			
Add			
Remove			
5) Change	<del></del>		
Add			
Remove			<del></del>
6) Change			
Add			
Remove			

utach additional sheets, i	f necessary).	(Be specific)				
				··		
·						
		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			· · · · · · · · · · · · · · · · · · ·	
		<del></del>				
				· · · · · · ·		
	<del> </del>					
						·
		1 31 - 2 - 2				
	<del> </del>		<del></del>		<del> </del>	
·- · · · · · · ·				-		

The	date of each amendment(s) adoption:	Fother than the
	this document was signed.	
	10/11/2017	
Effe	ctive date if applicable:	
	(no more than 90 days after amendment file date)	
	e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liment's effective date on the Department of State's records.	isted as the
Ado	ption of Amendment(s) ( <u>CHECK ONE</u> )	
	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	
	Signature vaen la MS.	
	(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)	
	Tara Ramsey	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	